2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2006
Secretary of State

DOCUMENT# L03000055942

Entity Name: CARTER DIVERSIFIED, LLC

Current Principal Place of Business:

4120-A ORANGE RIVER LOOP
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 50904
FT MYERS, FL 33994

New Mailing Address:

FEI Number: 68-0582433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARTER, CALVIN D
4120-A ORANGE RIVER LOOP
FT. MYERS, FL 33905 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARTER, CALVIN D
Address: 4120-A ORANGE RIVER LOOP
City-St-Zip: FT. MYERS, FL 33905

Title: MGRM ( ) Delete
Name: CARTER, HEATH T
Address: 4120-A ORANGE RIVER LOOP
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CALVIN CARTER MNGR 05/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date