# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 31, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # L03000056265

1. Entity Name
CARVER INVESTMENTS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 10340 CELESTE ROAD<br>SARALAND, AL 36571 | 10340 CELESTE ROAD<br>SARALAND, AL 36571 |

**DO NOT WRITE IN THIS SPACE**

07232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0940554
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

L. PAUL SIRMANS, P.A.
532 E SHIPWRECK RD
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

**Filing Fee is $50.00**
**Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | CARVER, SCOTT Q |
| STREET ADDRESS | 10340 CELESTE RD |
| CITY-ST-ZIP | SARALAND, AL 36571 |
| TITLE | |
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07/31/07-80002-005 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** _____ 7-24-07 251-675-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #