2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: WM W WWW.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jul 29, 2005 8:00 am Secretary of State

DOCUMENT # L04000038730 1. Entity Name THOMAS H CARTER L L C						07-29-2005 9	0082 0	36 ****50.	00
Principal Place of Business 2570 BUNKER RD VERNON, FL 32462		Mailing Address 2570 BUNKER RD VERNON, FL 32462							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07252005	Chg-LLC	CR2E	083 (10/03)	
City & State		City & State			4. FEI Numb	8653	61		plied For t Applicable
Zip	Country	ountry Zip Cour		try	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	Registered	Agent	
CARTER, THOMAS H				Name .					
2570 BUN		Street Addr		Street Address	(P.O. Box Numb	er is Not Acceptable	e)		
	· F			City			Fi	Zip Code	<u></u>
O The shows	named entity submits this statement for					ah i- sha Chala at Cl			
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or registe	red agent, or bo	in, in the State of Fic	опоа. гап	ı ramıllar witn, i	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	E. Dagintara	d Agent signature require	d when minutation		DATE		
	aignatine, typed or printed hame of registered agent a	no the ii applicable. (NOTI	E. negistere.	2 Apert signature redoirer	u when remaiding)	·	DATE		
Filing Fee is \$50.00				ļ	Mak	e check	payable to		
Due I	ling Fee is \$50.00 by September 7, 2005					Florida	a Departi	nent of State	•
	MANACING MEMBER	DC /MANUACEDS	•••			ADDITIONS	CUANCE		
9.	MANAGING MEMBER	Delete	10.			ADDITIONS	CHANGE	□ Change	☐ Addition
NAME	CARTER, THOMAS H	L Delete	NAM	l				C ouguge	
STREET ADDRESS	2570 BUNKER RD		STRE	ET ADDRESS					
CITY-ST-ZIP	VERNON, FL 32462		CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	I				☐ Change	Addition
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CITY-ST-ZIP	1			-ST-ZIP					
TITLE		☐ Delete	TITLE	:		_		Change	Addition
NAME			NAM	I					
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CITY - ST - ZIP	<u> </u>		+	-ST-ZIP	·		•		C*T A LUM
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NAME		ריו הפומומ	NAM	ı				stating	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP		- 			
11. I hereby indicated limited lie	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trustee	this filing does not qualify for that my signature shall have a empowered to execute this	or the exe the same report as	mption stated in S e legal effect as if s required by Char	ection 119.07(3 made under oat oter 608. Florida)(i), Florida Statutes. h; that I am a mana Statutes.	I further c iging mem	ertify that the in ber or manage	nformation er of the
,armod (ii	man, sompan, s. No respirer or trustee		7						