

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002977

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** SCOTT CARTER OUTDOOR ERECTION LLC

**Current Principal Place of Business:**

P.O. BOX 3648  
N. FORT MYERS, FL 33917

**New Principal Place of Business:**

6350 SLATER MILL WAY  
N. FORT MYERS, FL 33917

**Current Mailing Address:**

P.O. BOX 3648  
N. FORT MYERS, FL 33917

**New Mailing Address:**

P.O. BOX 3648  
N. FORT MYERS, FL 33918

**FEI Number:** 59-3051103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARTER, SCOTT  
6350 SLATER MILL WAY  
N. FORT MYERS, FL 33917 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, SCOTT  
Address: P.O. BOX 3648  
City-St-Zip: N. FORT MYERS, FL 33917

Title: MGR ( ) Delete  
Name: WHITEHEAD, JAMES  
Address: 1620 VISCAYA PKWY  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARTER, SCOTT  
Address: P.O. BOX 3648  
City-St-Zip: N. FORT MYERS, FL 33918

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

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT CARTER

PRES

04/27/2007

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