2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000031189

1. Entity Name
CARTER HOME DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
4010 CEDAR CAY CIRCLE VALRICO, FL 33594	4010 CEDAR CAY CIRCLE VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, JANE J
4010 CEDAR CAY CIRCLE
VALRICO, FL 33594

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARTER, SCOTT L
STREET ADDRESS	5604 HAWKLAKE ROAD
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	MGRM
NAME	CARTER, JANE J
STREET ADDRESS	4010 CEDAR CAY CIRCLE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	MGRM
NAME	CARTER, MICHAEL R
STREET ADDRESS	3614 CORDGRASS DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-00109-013 50.00

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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 605, Florida Statutes.

SIGNATURE: Jane J Carter 4/26/07 813-685-2888
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #