

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90022 002 \*\*\*138.75

**DOCUMENT # L05000031189**

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



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

Mailing Address  
**4010 CEDAR CAY CIRCLE  
VALRICO, FL 33594**

**60040133**



03202008No Chg-LLC

CR2E083 (12/07)

4. FEI Number **20-3107264**  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CARTER, SCOTT L  
5804 HAWK LAKE ROAD 6234 Kingbird Manor Dr  
LITHIA, FL 33547**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CARTER, JANE J  
4010 CEDAR CAY CIRCLE  
VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CARTER, MICHAEL R  
3614 CORDGRASS DRIVE  
VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Jane J. Carter* **JANE J. CARTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/25/08**  
Date

**813-685-2888**  
Daytime Phone #