

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070228

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: CARLETON-ANDERSON INVESTMENTS, LLC

**Current Principal Place of Business:**

3264 CYPRESS LANE  
GULF BREEZE, FL 325633220

**New Principal Place of Business:**

**Current Mailing Address:**

3264 CYPRESS LANE  
GULF BREEZE, FL 325620493

**New Mailing Address:**

FEI Number: 20-3254807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CARLETON, DANIEL C  
3264 CYPRESS LANE  
GULF BREEZE, FL 325633220 US

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: CARLETON, DANIEL C  
Address: 3264 CYPRESS LANE  
City-St-Zip: GULF BREEZE, FL 325620493

Title: MGR ( ) Delete  
Name: ANDERSON, CLIFFORD  
Address: 1553 VIA DE LUNA  
City-St-Zip: PENSACOLA BEACH, FL 32562

**ADDITIONS/CHANGES:**

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

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: DAN CARLETON

MGRM

06/15/2009

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