

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/1

FILED
Jun 05, 2006 8:00 am
Secretary of State

05-01-2006 90036 018 ****50.00

00000000



1st MOORE CR2E083 (10/05)

DOCUMENT # L05000103033 1. Entity Name CARTER-CHAMBERS COUNTY GP, LLC					
Principal Place of Business 3333 S. ORANGE AVENUE, SUITE 200 ORLANDO FL 32806-8500			Mailing Address 3333 S. ORANGE AVENUE, SUITE 200 ORLANDO FL 32806-8500		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3654273			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARTER, DARYL M 3333 S. ORANGE AVENUE, SUITE 200 ORLANDO FL 32806-8500			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when ren/states)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, DARYL M 3333 S. ORANGE AVENUE, SUITE 200 ORLANDO FL 32806-8500	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Daryl M. Carter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date Apr 21 06 407/422-3144 <small>Daytime Phone #</small>					

ATTACHMENT
30009560



20 - 3654273

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2006

CARTER-CHAMBERS COUNTY GP, LLC
3333 S. ORANGE AVENUE, SUITE 200
ORLANDO, FL 32806-8500

Subject: CARTER-CHAMBERS COUNTY GP, LLC

Reference Number: L05000103033

05/30/06
you can please
complete ID.
do you need
to ck w/ Dean
mead?
thanks,
Pam

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION

RECEIVED

MAY 26 2006

MAURY L. CARTER & ASSOC., INC.

P.O. BOX 6478 - Tallahassee, Florida 32314