

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000113893**

1. Entity Name  
**CARVER THEATRE DEVELOPERS, LLC**



Principal Place of Business  
**315 E. ROBINSON STREET  
660  
ORLANDO, FL 32801**

Mailing Address  
**315 E. ROBINSON STREET  
660  
ORLANDO, FL 32801**



04302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1697194</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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

**THE FLORIDA LAW FIRM, PLC  
1990 W. FAIRBANKS AVENUE  
WINTER PARK, FL 32789**

**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	<b>MGRM</b>
NAME	<b>BLACK BUSINESS CAPITAL FINANCE CORPORATION</b>
STREET ADDRESS	<b>315 E. ROBINSON STREET, SUITE 660</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>

TITLE	
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U000000342941  
05/29/08-80039-020 138.75

**DO NOT WRITE  
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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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/08