

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056934

FILED  
Sep 04, 2008  
Secretary of State

**Entity Name:** CARPENTER&CARPENTER LLC

**Current Principal Place of Business:**

131 SE RESORT LOOP #101  
HIGH SPRINGS, FL 32643 US

**New Principal Place of Business:**

1858 SW DREW FEAGLE AVE  
FT WHITE, FL 32038 US

**Current Mailing Address:**

131 SE RESORT LOOP #101  
HIGH SPRINGS, FL 32643 US

**New Mailing Address:**

1858 SW DREW FEAGLE AVE  
FT WHITE, FL 32038 US

FEI Number: 16-1761602      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:**

CARPENTER, VICKIE  
26102 SW 2ND AVE.  
NEWBERRY, FL 32669 US

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

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: CARPENTER, JAMES R  
Address: 131 SE RESORT LOOP #101  
City-St-Zip: HIGH SPRINGS, FL 32643 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARPENTER, JAMES R  
Address: 1858 SW DREW FEAGLE AVE  
City-St-Zip: FT WHITE, FL 32038 US

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: JAMES RUSSELL CARPENTER

MGR

09/04/2008

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