

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000110092</b>	
1. Entity Name CARR & CARR, LLC	
Principal Place of Business 480 MAPLEWOOD DRIVE, SUITE 4 JUPITER, FL 33458	Mailing Address 480 MAPLEWOOD DRIVE, SUITE 4 JUPITER, FL 33458



02162008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-1016059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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

CARR, BEVERLY A DDS  
480 MAPLEWOOD DRIVE, SUITE 4  
JUPITER, FL 33458

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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 CARR, BEVERLY A DDS 480 MAPLEWOOD DRIVE, SUITE 4 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, ELAINE M DDS 480 MAPLEWOOD DRIVE, SUITE 4 JUPITER, FL 33458
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U000000833605  
02/28/08-80021-004 138.75

**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:** Beverly Carr DDS (BEVERLY CARR) 2-19-08 (561) 744-1717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #