



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90019 018 \*\*\*138.75

<b>DOCUMENT # L07000008045</b>					
<b>1. Entity Name</b> CARSON BUILDING & DEVELOPMENT, LLC					
<b>Principal Place of Business</b> 3045 S.E. 156TH PLACE ROAD SUMMERFIELD, FL 34491			<b>Mailing Address</b> 3045 S.E. 156TH PLACE ROAD SUMMERFIELD, FL 34491		
<b>2. Principal Place of Business - No P.O. Box #</b> 13816 SE 41 CT.		<b>3. Mailing Address</b> 13816 SE 41 CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062008    Chg-LLC    CR2E083 (12/06)	
<b>City &amp; State</b> Summerfield, FL		<b>City &amp; State</b> Summerfield FL		<b>4. FEI Number</b> 84-1725609	
<b>Zip</b> 34491		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ODELL OXENDINE, CARSON 3045 S.E. 156TH PLACE ROAD SUMMERFIELD, FL 34491			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 13816 SE 41 CT. City Summerfield FL    Zip Code 34491		
<b>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.</b>  SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ODELL OXENDINE, CARSON 3045 S.E. 156TH PLACE ROAD SUMMERFIELD, FL 34491		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13816 SE 41 CT. Summerfield, FL 34491	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Carson D. Oxendine</i> 1-8-08			3524346594		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		