

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019217

FILED
Apr 28, 2009
Secretary of State

Entity Name: MC CARTER PROPERTIES, LLC

Current Principal Place of Business:

932 JASMINE STREET
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

932 JASMINE STREET
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-8513174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNSON, PETER J
1501 S. FLORIDA AVENUE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

MCCARTER, JOHN W MGRM
932 JASMINE ST
CELEBRATION, FL 34747 US

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: JOHN W MCCARTER

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MC CARTER, JOHN W
Address: 932 JASMINE STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: MC CARTER, LAURIE H
Address: 932 JASMINE STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MC CARTER, JOHN W MGRM
Address: 932 JASMINE STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM (X) Change () Addition
Name: MC CARTER, LAURIE H MGRM
Address: 932 JASMINE STREET
City-St-Zip: CELEBRATION, FL 34747

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: JOHN W MCCARTER

MGRM

04/28/2009

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