

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90026 016 ***138.75

DOCUMENT # L07000073241

1. Entity Name
CARTER RETAIL CENTER, LLC



Principal Place of Business
**1001 EAST TELECOM DRIVE
BOCA RATON, FL 33431**

Mailing Address
**1001 EAST TELECOM DRIVE
BOCA RATON, FL 33431**

60031483



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-0574857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SILVER, LARRY D	
STREET ADDRESS	1001 EAST TELECOM DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SILVER, LARRY D	
STREET ADDRESS	1001 EAST TELECOM DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HONAKER, B. JUDSON	
STREET ADDRESS	1201 CENTRAL PARK BLVD.	
CITY-ST-ZIP	FREDERICKSBURG, VA 22401	
TITLE	P	<input type="checkbox"/> Delete
NAME	HONAKER, B. JUDSON JR.	
STREET ADDRESS	1201 CENTRAL PARK BLVD.	
CITY-ST-ZIP	FREDERICKSBURG, VA 22401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jesse A. Holshouser, CFO 4/21/08 5619815252