2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-15-2008 90075 012 ***138.75

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DOCUMENT # L07000094895

1. Entity Name
5923 CARTER, LLC

Principal Place of Business	Mailing Address
~~114 HIGHLINE DRIVE~~	PO BOX 520021
~~LONGWOOD, FL 32750 US~~	LONGWOOD, FL 32752-0021 US

117 S. FRENCH AVE SANFORD FL 32771-1163

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

05122008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1318657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BANTA, SCOTT	Name
~~114 HIGHLINE DRIVE~~ 117 S FRENCH AV	Street Address (P.O. Box Number is Not Acceptable)
~~LONGWOOD, FL 32750~~ SANFORD FL 32771-1163	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 $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BANTA, SCOTT ~~114 HIGHLINE DRIVE~~ ~~LONGWOOD, FL 32750~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	117 S FRENCH AV SANFORD FL 32771-1163	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHARMA, KANNAN ~~114 HIGHLINE DRIVE~~ ~~LONGWOOD, FL 32750~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	117 S FRENCH AV SANFORD FL 32771-1163	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 5-1-08 407 947 9722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #