

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090386

Entity Name: CARTER ENTERPRISES XIX, LLC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

7967 COUNTY HIGHWAY 280 EAST
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

7967 COUNTY HIGHWAY 280 EAST
DEFUNIAK SPRINGS, FL 32435-890

Current Mailing Address:

7967 COUNTY HIGHWAY 280 EAST
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

7967 COUNTY HIGHWAY 280 EAST
DEFUNIAK SPRINGS, FL 32435-890

FEI Number: 26-3752393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, PAUL A
7967 COUNTY HIGHWAY 280 EAST
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

CARTER, PAUL A
7967 COUNTY HIGHWAY 280 EAST
DEFUNIAK SPRINGS, FL 32435 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: PEGGY F. CARTER

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARTER, PAUL A
Address: 7967 COUNTY HIGHWAY 280 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: MGRM () Delete
Name: CARTER, PEGGY F
Address: 7967 COUNTY HIGHWAY 280 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PEGGY F. CARTER

RA

02/13/2009

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