


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M00000000086	
1. Entity Name CARTER & ASSOCIATES SERVICES, L.L.C.	

Principal Place of Business 171 17TH STREET SUITE 1200 ATLANTA, GA 30363	Mailing Address 171 17TH STREET SUITE 1200 ATLANTA, GA 30363
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DO NOT WRITE IN THIS SPACE



01242008No Chg-LLC CR2E083 (12/07)

4. FEI Number 58-2171375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER & ASSOCIATES LLC 171 17TH ST STE 1200 ATLANTA, GA 30363
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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: *Shirley Rose* Sr. Vice President Carter & Associates Ent Inc 1/24/08 404-888-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE *as manager* Date Daytime Phone #
Shirley Rose