

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000361

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** CARRIAGE TEAM FLORIDA (FUNERAL), LLC

**Current Principal Place of Business:**

3040 POST OAK BLVD  
SUITE 300  
HOUSTON, TX 77056

**New Principal Place of Business:**

**Current Mailing Address:**

3040 POST OAK BLVD  
SUITE 300  
HOUSTON, TX 77056

**New Mailing Address:**

**FEI Number:** 76-0627586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PAYNE, MELVIN C  
Address: 3040 POST OAK BLVD STE 300  
City-St-Zip: HOUSTON, TX 77056

Title: VP ( ) Delete  
Name: KEVIN, MUSICO P  
Address: 3040 POST OAK BLVD STE 300  
City-St-Zip: HOUSTON, TX 77056

Title: SVP ( ) Delete  
Name: KLUG, GEORGE J  
Address: 3040 POST OAK BLVD STE 300  
City-St-Zip: HOUSTON, TX 77056

Title: VPCC ( ) Delete  
Name: SANFORD, TERRY E  
Address: 3040 POST OAK BLVD STE 300  
City-St-Zip: HOUSTON, TX 77056

Title: VP ( ) Delete  
Name: GREEN, BRAD  
Address: 3040 POST OAK BLVD STE 300  
City-St-Zip: HOUSTON, TX 77056

**ADDITIONS/CHANGES:**

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

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

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

Title: SVPT (X) Change ( ) Addition  
Name: SANFORD, TERRY E  
Address: 3040 POST OAK BLVD STE 300  
City-St-Zip: HOUSTON, TX 77056

Title: SVPS (X) Change ( ) Addition  
Name: GREEN, J B  
Address: 3040 POST OAK BLVD STE 300  
City-St-Zip: HOUSTON, TX 77056

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: TERRY E. SANFORD

SVP

04/14/2009

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