


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90068 038 \*\*\*\*50.00

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<b>DOCUMENT # M95000000245</b>					
1. Entity Name CARTER & ASSOCIATES, L.L.C.					
Principal Place of Business 4905 W. LAUREL ST., SUITE 200 TAMPA, FL 33607			Mailing Address 171 17TH STREET SUITE 1200 ATLANTA, GA 30363		
2. Principal Place of Business 4211 W. Boy Scout Blvd			3. Mailing Address		
Suite, Apt. #, etc. Su. 1c 520		Suite, Apt. #, etc.			
City & State Tampa FL		City & State			
Zip 33607	Country USA	Zip	Country	02222006 Chg-LLC CR2E083 (11/05)	
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 CARTER, JOHN 4905 W LAUREL ST SUITE 200 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name: Carter John Street Address (P.O. Box Number is Not Acceptable): 4211 W. Boy Scout Blvd Suite 520 City: Tampa FL Zip Code: 33607		
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: <i>[Signature]</i> Vice President (NOTE: Registered Agent signature required when renaming) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER & ASSOCIATES ENTERPRISES, INC. 1275 PEACHTREE ST., NE ATLANTA, GA 303671801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERSON, ROBERT 675 W PACES FERRY RD ATLANTA, GA 30327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PFEIFER, CYNTHIA 4010 AMBERFILED CIRCLE NORCROSS, GA 30092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERMANO, A. TRENT 3367 KENNINGTON CT ATLANTA, GA 30319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REESE, BRAD 175 OVERTON DR ATLANTA, GA 30342 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> Vice President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <span style="float: right;"><small>Date</small> <small>Daytime Phone #</small></span>					

ATTACHMENT

30009759

# ~~M95~~ 000000 245

CARTER & ASSOCIATES, LLC

	<u>TITLE</u>	<u>ADDRESS</u>
ROBERT PETERSON	Manager	675 W PACES FERRY ROAD ATLANTA, GA 30327 (404)888-3000
A. TRENT GERMANO	Manager	615 REGENCY FOREST COURT ATLANTA, GA 30342 (404)888-3000
JOHN E. CARTER	Manager	2626 SUNSET DR. TAMPA, FL 33629 (812) 287-0101
R. SCOTT TAYLOR, JR	Manager	2541 DELLWOOD DRIVE ATLANTA, GA 30305 (404)888-3000
JAMES SHELTON	Manager	3290 WOOD VALLEY ROAD ATLANTA, GA 30309 (404)888-3000
CARTER & ASSOCIATES ENTERPRISES, INC.	Managing Member	171 17TH STREET SUITE 1200 ATLANTA, GA 30363 (404)888-3000

CARTER & ASSOCIATES, LLC

ATTACHMENT  
30009759  
M95000000245

ROBERT PETERSON  
MEMBER

ADDRESS  
675 W PACES FERRY ROAD  
ATLANTA, GA 30327  
(404)888-3000

A. TRENT GERMANO  
MEMBER

615 REGENCY FOREST COURT  
ATLANTA, GA 30342  
(404)888-3000

JOHN E. CARTER  
MEMBER

2626 SUNSET DR.  
TAMPA, FL 33629  
(812) 287-0101

R. SCOTT TAYLOR, JR  
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ATLANTA, GA 30305  
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JAMES SHELTON  
MEMBER

3290 WOOD VALLEY ROAD  
ATLANTA, GA 30309  
(404)888-3000

CARTER & ASSOCIATES ENTERPRISES, INC  
MANAGING MEMBER

171 17TH STREET  
SUITE 1200  
ATLANTA, GA 30363  
(404)888-3000



ATTACHMENT  
36009759

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2006

CARTER & ASSOCIATES, L.L.C.  
171 17TH STREET  
SUITE 1200  
ATLANTA, GA 30363

Subject: **CARTER & ASSOCIATES, L.L.C.**

Reference Number: **M9500000245**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cd

ANNUAL REPORTS SECTION