

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000245

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** CARTER & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

4211 WEST BOY SCOUT BLVD  
SUITE 520  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

171 17TH STREET  
SUITE 1200  
ATLANTA, GA 30363

**New Mailing Address:**

FEI Number: 58-2171375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARTER, JOHN  
4211 WEST BOY SCOUT BLVD  
SUITE 520  
TAMPA, FL 33607 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: MGRM ( ) Delete  
Name: CARTER & ASSOCIATES, ENTERPRISES, I N C.  
Address: 171 17TH ST STE 1200  
City-St-Zip: ATLANTA, GA 30363

**ADDITIONS/CHANGES:**

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: SHERI ROSE

SRVP

01/15/2009

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