

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90035 044 ****50.00

DOCUMENT # M95000000245



1. Entity Name
CARTER & ASSOCIATES, L.L.C.

Principal Place of Business
**4905 W. LAUREL ST., SUITE 200
TAMPA FL 33607**

Mailing Address
**1275 PEACHTREE STREET
SUITE 100
ATLANTA GA 30309**

20023503



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2171375**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, JOHN
4905 W LAUREL ST
SUITE 200
TAMPA FL 33607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** Delete
NAME **CARTER & ASSOCIATES ENTERPRISES, INC.**
STREET ADDRESS **1275 PEACHTREE ST., NE**
CITY-ST-ZIP **ATLANTA GA 30387-1801**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **See Attached:**
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/2003

Date

404-888-3116

Daytime Phone #

CR2E083 (10/02)

Attachment

20083503
M9S000000245

CARTER & ASSOCIATES ENTERPRISES INC
OWNERS

NAME	ADDRESS	Title	SOCIAL SECURITY
ROBERT PETERSON	675 W PACES FERRY ROAD ATLANTA, GA 30327	President, CEO	244-72-3010
PHILLIP STEVENSON	940 WEYMAN CT., NW ATLANTA, GA 30305	Executive Vice President	032-34-7575
CYNTHIA PFEIFER	4010 AMBERFILED CIRCLE NORCROSS, GA 30092	Senior Vice President	228-74-3446
A. TRENT GERMANO	3367 KENNINGTON CT. ATLANTA, GA 30319	Senior Vice President	131-40-9660
BRAD REESE	175 OVERTON DR. ATLANTA, GA 30342	Senior Vice President	252-92-1858
JAMES GROOME	4515 JETT RD., NW ATLANTA, GA 30327	Executive Vice President	260-74-1071
JOHN E. CARTER	2626 SUNSET DR. TAMPA, FL 33629	Executive Vice President	048-66-1635