

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER & ASSOCIATES ENTERPRISES, INC. 1275 PEACHTREE ST., NE ATLANTA GA 30387-1801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See Attached:</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/23/2003

404-888-3116

Date

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