

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001181**

1. Entity Name  
**SCHUMACKER/CARTER, LLC**



Principal Place of Business  
**1389 N.W. 136TH AVENUE  
SUNRISE, FL 33323**

Mailing Address  
**1389 N.W. 136TH AVENUE  
SUNRISE, FL 33323**

**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0935405**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000157015  
05/05/04-80092-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
SCHUMACKER MANAGEMENT, INC.  
1389 N.W. 136TH AVENUE  
SUNRISE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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IN THIS SPACE**

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:** *Joseph Schumacker* **Joseph Schumacker** X 4-24-04

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

Date

Daytime Phone #

(954) 846-8400