

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083421

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: PHOENIX AT CARISSA ROAD, LLC

**Current Principal Place of Business:**

2502-51 N. DIXIE HIGHWAY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

2502-51 N. DIXIE HIGHWAY  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 20-3376131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMOROSANA, CHRISTOPHER J  
2502-51 N. DIXIE HIGHWAY  
LAKE WORTH, FL 33460 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: AMOROSANA, CHRISTOPHER J  
Address: 2502-51 N. DIXIE HIGHWAY  
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM ( ) Delete  
Name: GUILLARO, ANTHONY P  
Address: 2502-51 N. DIXIE HIGHWAY  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GUILLARO, ANTHONY P  
Address: 532 N. BEDFORD ROAD  
City-St-Zip: BEDFORD HILLS, NY 10507

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: CHRISTOPHER J. AMOROSANA

MGRM

04/27/2007

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