


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 23 AM 10:11

<b>DOCUMENT # M00000002406</b> 1. Entity Name 100 CARILLON, LLC	
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Principal Place of Business 235 3RD ST S STE 200 SAINT PETERSBURG, FL 33701	Mailing Address 235 3RD ST S STE 200 SAINT PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 52-2277431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

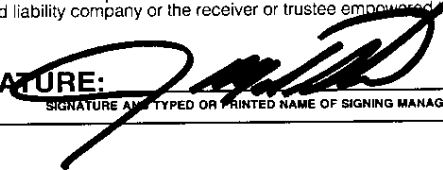
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARILLON LAND DEVELOPMENT, LLC 235 3RD ST S STE 200 SAINT PETERSBURG, FL 33701
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:**  **J. Mark Stroud**      **4/21/04**      **11-803-8212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 587209 7287317

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 50.00

ORDER DATE : April 23, 2004

ORDER TIME : 11:35 AM

ORDER NO. : 587209-045

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp  
Airem Capital Group  
Suite 200  
235 3rd Street South  
Saint Petersburg, FL 33701

ANNUAL REPORT FILING

NAME: 100 CARILLON, LLC

RECEIVED  
04 APR 23 PM 1:46  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBBIE SKIPPER - Ext.

EXAMINER'S INITIALS: \_\_\_\_\_