

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001655

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: CARROLLWOOD HOMES, LLC

**Current Principal Place of Business:**

1950 SUMMIT PARK DRIVE  
SUITE 300  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

1950 SUMMIT PARK DRIVE  
SUITE 300  
ORLANDO, FL 32810

**New Mailing Address:**

FEI Number: 20-0956274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

B&C CORPORATE SERVICES OF CENT. FLA., INC.  
390 NORTH ORANGE AVENUE, SUITE 1100  
ORLANDO, FL 34743      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: CARROLLWOOD HOMES, I, NC.  
Address: 1950 SUMMIT PARK DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32810

Title: DIR ( ) Delete  
Name: PATTERSON, STEVEN W  
Address: 1950 SUMMIT PARK DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32810

Title: EVP ( ) Delete  
Name: STEPHENS, SAMUEL C III  
Address: 1950 SUMMIT PARK DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32810

Title: EVP ( ) Delete  
Name: BUCK, STEVEN K  
Address: 1950 SUMMIT PARK DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32810

Title: SVP ( ) Delete  
Name: ROSS, KIMBERY P  
Address: 1950 SUMMIT PARK DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32810

Title: SVP ( ) Delete  
Name: WEST, GREG T  
Address: 1950 SUMMIT PARK DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

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: SAMUEL C. STEPHENS, III      EVP      04/28/2008

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