

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M00000002406

1. Entity Name
100 CARILLON, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 23 AM 10:11

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



03182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2277431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARILLON LAND DEVELOPMENT, LLC
STREET ADDRESS	235 3RD ST S STE 200
CITY- ST- ZIP	SAINT PETERSBURG, FL 33701

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

900033774309

**DO NOT WRITE
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:

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

J. Mark Stroud

4/21/04

Date

11-803-8212

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: _____