

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011071

1. Entity Name
CARROLLWOOD CROSSINGS, LLC.



Principal Place of Business

4300 WEST CYPRESS ST., STE 1000
C/O ADVANTIS
TAMPA, FL 33607

Mailing Address

4300 WEST CYPRESS ST., STE 1000
C/O ADVANTIS
TAMPA, FL 33607



04142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3671174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUGER, BRAD C
4300 WEST CYPRESS ST., STE 1000
C/O ADVANTIS
TAMPA, FL 33607

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BRENNER, HENRY L JR.
4300 WEST CYPRESS ST., STE 1000
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MANSOUR, NORMAN
4300 WEST CYPRESS ST., STE 1000
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LUGER, BRAD C
4300 WEST CYPRESS ST., STE 1000
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

L000000137201
04/29/04-80030-013 50.00

**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

Date

Daytime Phone #

4/14/04 813-342-4600