


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90150 019 ****50.00

DOCUMENT # L00000011071					
1. Entity Name CARROLLWOOD CROSSINGS, LLC.					
Principal Place of Business 3000 BAYPORT DRIVE SUITE 100 C/O ADVANTIS TAMPA, FL 33607			Mailing Address 3000 BAYPORT DRIVE SUITE 100 C/O ADVANTIS TAMPA, FL 33607		
2. Principal Place of Business 4308 W. ROBIN LN.		3. Mailing Address 4308 W. ROBIN LN.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3671174	
Zip 33609		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01062006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent LUGER, BRAD C 4300 WEST CYPRESS ST., STE 1000 C/O ADVANTIS TAMPA, FL 33607			7. Name and Address of New Registered Agent Name: LUGER, BRAD C. Street Address (P.O. Box Number is Not Acceptable): 4308 W. ROBIN LN. City: TAMPA FL Zip Code: 33609		
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: <u>Brad C. Luger</u> DATE: <u>1/6/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME BRENNER, HENRY L JR. STREET ADDRESS 3622 WEST JETTON AVENUE CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME MANSOUR, NORMAN STREET ADDRESS 4300 WEST CYPRESS ST., STE 1000 CITY-ST-ZIP TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME LUGER, BRAD C STREET ADDRESS 3000 BAYPORT DRIVE SUITE 100 CITY-ST-ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME 4308 W. ROBIN LN. STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Brad C. Luger</u>			Date: <u>1/6/06</u> Daytime Phone #: <u>813-342-4707</u>		