


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 25, 2004 08:00 AM
Secretary of State
JAN 20 2004

| | |
|--|---|
| DOCUMENT # L00000011304 |  |
| 1. Entity Name CARROLLWOOD EQUITIES LLC | |

| | |
|--|--|
| Principal Place of Business 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 | Mailing Address 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. # etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E083 (11/03)

| | |
|---|--|
| 4. FEI Number 65-1040191 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent PETER D. CUMMINGS & ASSOCIATES, INC. 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CUMMINGS, KEITH L 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000066226 02/26/04-80005-022 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CARROLLWOOD MANAGER INC. 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 <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 |
| 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 exemption stated in Section 119.07(3)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-30-04

(561) 630-6110