## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L00000011304

## 1. Entity Name

## **CARROLLWOOD EQUITIES LLC**

SIGNATURE:



**FILED** Feb 18, 2005 8:00 am Secretary of State 02-18-2005 90131 020 \*\*\*\*50.00

2-15-05

(561)630-6110

						2.					
Principal Plac	e of Busines	S .	Mailing Address								
3399 PGA BLVD., STE. 450			3399 PGA BLVD., STE. 450								
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410											
		<u> </u>									
2. Principal P	riace of Busin	1ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MOORE (	CR2E083	(10/04)		
Oin B Casa			City & State					01122000	· ` , , ,		
City & State			City & State				4. FEI Number 65-1040191		I	Applied For Not Applicable	
Zip Country			Zip Country				5. Certificate of Status Desired		5.00 Ac	dditional	
6 Name and Address of Current			enistered Agent					<u> </u>	ee Requir	ed	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
PETER D. CUMMINGS & ASSOCIATES, INC. 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410					Street Address (P.O. Box Number is Not Acceptable)						
( ) EN 5E (6) ( 6) ( 15E (6) ( 15E (											
								FL	Zip Co	de	
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											
FILE NOW!!! FEE IS \$50.00											
Make Check Payable to Florida Department of State											
			Due	ay 1, 2005.	1920 2020 2020						
9.	1400	MANAGING MEMBER		10.			ADDITIONS/C	HANGES			
TITLE NAME	MGR	S, KEITH L	Delete	TITL					☐ Change	☐ Addition	
STREET ADDRESS		BLVD., STE. 450			EET ADORESS						
CITY-ST-ZIP	PALM BEA	ACH GARDENS FL 33410		CITY	Y-ST-ZIP						
TITLE NAME	MGR	NOOD MANAGED INC	☐ Delete	TITL NAÅ	<b>I</b>				☐ Change	☐ Addition	
STREET ADDRESS		WOOD MANAGER INC. BLVD., STE. 450		EET ADDRESS							
CITY-ST-ZIP		CH GARDENS FL 33410		CITY	Y-ST-ZIP						
TITLE			☐ Delete	TITL					☐ Change	☐ Addition	
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CITY-ST-ZIP	-	· -		~	Y-ST-ZIP		<del>.</del>			÷	
TITLE			☐ Delete	TITL	.E				☐ Change	Addition	
NAME STREET ADDRESS				NAM	ME EET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						
TITLE			☐ Delete	TITE	.E				☐ Change	☐ Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
TITLE			☐ Delete	TITL					Change	☐ Addition	
NAME				NAM							
STREET ADDRESS					EET ADDRESS				•		
CITY-ST-ZIP	cortify that 4	a information supplied with a	his filing does not a self-		Y-ST-ZIP	lin C-	otion 110 07/3/6\ Slevid- Ct-t 1 (	udhar a see	fit that the	information	
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 sectiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											

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