

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001190

1. Entity Name
CKT - PARKCREST AT PINELLAS PHASE II, L.L.C.



Principal Place of Business
201 E. KENNEDY BLVD.
SUITE 1400
TAMPA, FL 33602

Mailing Address
201 E. KENNEDY BLVD.
SUITE 1400
TAMPA, FL 33602



08162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3694249

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOTT TAYLOR, CINDY
201 E. KENNEDY BLVD.
SUITE 1400
TAMPA, FL 33602

**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 September 8, 2004

U000000170453
08/20/04-800001-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
KNOTT TAYLOR, CINDY
201 E. KENNEDY BLVD.
TAMPA, FL 33602

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 808, Florida Statutes.

SIGNATURE: Cindy Knott Taylor Cindy Knott Taylor 8/17/04

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

Date

Daytime Phone #