2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000001203

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

Principal Place of Business	Mailing Address
201 E. KENNEDY BLVD., SUITE 950 TAMPA, FL 33602	201 E. KENNEDY BLVD., SUITE 950 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

08162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3694235

☐ 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 950
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

U00000170461
08/20/04-80001-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KNOTT TAYLOR, CINDY
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 950
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 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 #