

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000008661

1. Entity Name  
COUNTRYSIDE SHOPPES, L.L.C.



Principal Place of Business  
8302 LAUREL FAIR CIRCLE  
SUITE 100  
TAMPA, FL 33610

Mailing Address  
8302 LAUREL FAIR CIRCLE  
SUITE 100  
TAMPA, FL 33610



02102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
39-3724009

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COMER, GORDON  
8302 LAUREL FAIR CIRCLE  
SUITE 100  
TAMPA, FL 33610

**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 May 1, 2005**

U00000337055  
04/27/05-80152-024 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME COMER, GORDON  
STREET ADDRESS 8302 LAUREL FAIR CIRCLE, STE 100  
CITY-ST-ZIP TAMPA, FL 33610

TITLE MGR  
NAME HOLDEN, JOHN  
STREET ADDRESS 8302 LAUREL FAIR CIRCLE, STE 100  
CITY-ST-ZIP TAMPA, FL 33610

TITLE MGR  
NAME HOLDEN, PETER  
STREET ADDRESS 8302 LAUREL FAIR CIRCLE, STE 100  
CITY-ST-ZIP TAMPA, FL 33610

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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #