

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90150 001 \*\*\*416.25

**30005495**



01042008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L01000008661</b> 1. Entity Name <b>COUNTRYSIDE SHOPPES, L.L.C.</b>					
Principal Place of Business <b>8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610</b>			Mailing Address <b>8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610</b>		
2. Principal Place of Business - No P.O. Box # <b>2500 COUNTRYSIDE BLVD</b>		3. Mailing Address <b>12570 TELECOM DRIVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CLEARWATER FL</b>		City & State <b>TEMPE TERRACE FL</b>		4. FEI Number <b>39-3724009</b>	
Zip <b>33761</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33637</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COMER, GORDON 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMER, GORDON 8302 LAUREL FAIR CIRCLE, STE 100 TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12570 TELECOM DRIVE TEMPE TERRACE FL 33637</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLDEN, JOHN 8302 LAUREL FAIR CIRCLE, STE 100 TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12570 TELECOM DRIVE TEMPE TERRACE FL 33637</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLDEN, PETER 8302 LAUREL FAIR CIRCLE, STE 100 TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12570 TELECOM DRIVE TEMPE TERRACE FL 33637</b>	<input checked="" 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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Gordon Comer, Manager</u>			<b>4/28/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		