

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008661

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

2500 COUNTRYSIDE BLVD.
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

12570 TELECOM DRIVE
TEMPLE TERRACE, FL 33637

New Mailing Address:

FEI Number: 39-3724009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COMER, GORDON
12570 TELECOM DRIVE
TEMPLE TERRACE, FL 33637 US

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.

SIGNATURE: GORDON COMER

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COMER, GORDON
Address: 12570 TELECOM DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: MGR () Delete
Name: HOLDEN, JOHN
Address: 12570 TELECOM DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: MGR () Delete
Name: HOLDEN, PETER
Address: 12570 TELECOM DRIVE.
City-St-Zip: TEMPLE TERRACE, FL 33637

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GORDON COMER

MGR

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date