# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L01000013948

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

| Principal Place of Business | Mailing Address |
|---|---|
| % GORDON COMER<br>8302 LAUREL FAIR CIRCLE, SUITE 100<br>TAMPA, FL 33610 | % GORDON COMER<br>8302 LAUREL FAIR CIRCLE, SUITE 100<br>TAMPA, FL 33610 |

03162004 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3743130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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

MACFARLANE, ELLEN M
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2004**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>COMER, GORDON<br>8302 LAUREL FAIR CIRCLE, SUITE 100<br>TAMPA, FL 33610 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>000000132957<br>04/27/04-80067-024 50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HOLDEN, JOHN<br>8302 LAUREL FAIR CIRCLE, SUITE 100<br>TAMPA, FL 33610 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HOLDEN, PETER<br>8302 LAUREL FAIR CIRCLE, SUITE 100<br>TAMPA, FL 33610 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Gordon Comer Mgr 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #