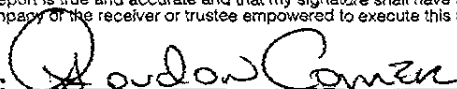


FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013948						Secretary of State					
1. Entity Name COUNTRYSIDE HOLDINGS, L.L.C.											
Principal Place of Business % GORDON COMER 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610				Mailing Address % GORDON COMER 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03162004 Chg-LLC CR2E083 (10/03)			
City & State				City & State				4. FEI Number 59-3743130		Applied For Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
MACFARLANE, ELLEN M 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	
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)											
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 COMER, GORDON 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610 ☐ Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition 1000000132957 04/27/04-80067-024 50.00			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		MGR HOLDEN, JOHN 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610 ☐ Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		MGR HOLDEN, PETER 8302 LAUREL FAIR CIRCLE, SUITE 100 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)(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 60B, Florida Statutes.											
SIGNATURE:  Mgr						4/29/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						Date Daytime Phone #					