2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000013948

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

Principal Place of Business	Mailing Address
% GORDON COMER 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610	% GORDON COMER 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610

02102005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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, 2005

U00000337052
04/27/05-80152-023 50.00

9. MANAGING MEMBERS/MANAGERS

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

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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, Manager 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #