

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90150 001 ***416.25

DOCUMENT # L01000013948

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



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

30005497



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2500 Countryside Blvd *12570 Telecom Drive*
Suite, Apt. #, etc. Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State City & State
Clearwater FL *Temple Terrace FL*
Zip Country Zip Country
33761 *US* *33637* *US*

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75
Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMER, GORDON		NAME		
STREET ADDRESS	8302 LAUREL FAIR CIRCLE, SUITE 100		STREET ADDRESS	<i>12570 TELECOM DRIVE</i>	
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP	<i>Temple Terrace FL 33637</i>	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLDEN, JOHN		NAME		
STREET ADDRESS	8302 LAUREL FAIR CIRCLE, SUITE 100		STREET ADDRESS	<i>12570 Telecom Drive</i>	
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP	<i>Temple Terrace FL 33637</i>	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLDEN, PETER		NAME		
STREET ADDRESS	8302 LAUREL FAIR CIRCLE, SUITE 100		STREET ADDRESS	<i>12570 Telecom Drive</i>	
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP	<i>Temple Terrace FL 33637</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: *Gordon Comer, Manager* 4/28/08
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #