

**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  
 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR COMER, GORDON 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12570 TELECOM DRIVE Temple Terrace FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLDEN, JOHN 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12570 Telecom Drive Temple Terrace FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLDEN, PETER 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12570 Telecom Drive Temple Terrace FL 33637
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #