## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DQ1000021796

DOCUMENT#

CARILLON DEVELOPMENT,

1. Entity Name

## **FILED** Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90107 009 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE				947092	
	idace of Business  oth Keene Road  #, etc.	3. Mailing Address 1801 South to Suite, Apt. #, etc.	Keene Road	DO NOT WRITE IN THIS SPACE	
Clearu Zip	cater, FL Country	Clearwater, P	Country	4. FEI Number  O	ole
33756	DO NOT W	33756 RITE		7. Name and Address of Current Registered Agent  Ouanne Status Desired Fee Required  7. Name and Address of Current Registered Agent  See (P.O. Box Number is Not Acceptable)	
	E IN THIS SF	• .	1801-7 City Clea	A S. Keese Rd arwata FL Zip Code 337,56	
8. The above	named entity submits this statement for statement for signature, typed or printed name of registered agent	and title if applicable.	FEE IS \$50.00	stered agent, or both, in the State of Florida.  DATE	_
9.	MANAGING MEMBE		yable to Department DUE BY MAY 1	t of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Managin James J. White 1801 South Keene Road Clearwater, Florida	g Hember	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. •	(10/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		1000
TITLE  NAME : STREET ADDRESS  CITY-ST-ZIP		en tradición de la compositión de la c	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DO NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119 07(3)(i) Floride Statutes I further certify that the information	

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:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-17-02 (727) 533-8884