


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L02000003319 1. Entity Name LAKE CARROLL PLAZA, LLC	
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Principal Place of Business 5119 N. FLORIDA AVE TAMPA, FL 33603	Mailing Address P.O. BOX 271807 TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



03302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 90-0008839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DONICA, HERBERT R ESQ. 106 S TAMPANIA AVE., SUITE 250 TAMPA, FL 33609
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IN THIS SPACE**

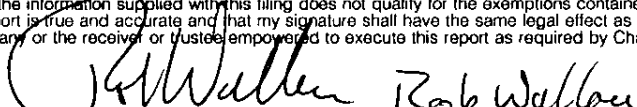
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, ROB 1502 S. OREGON CIR. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, ANN F 1502 S. OREGON CIR. TAMPA, FL 33612
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04/16/08-80031-008 138.75

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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 606, Florida Statutes.
SIGNATURE:  Rob Wallace 4/4/8 813 245-0371 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>