2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000013569

CARILLON SOUTH JOINT VENTURE, L.L.C.

Principal Place of Business 400 ARTHUR GODFREY BLVD.

MIAMI BEACH, FL 33140

Mailing Address

400 ARTHUR GODFREY BLVD. MIAMI BEACH, FL 33140

Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90045 040 ***138.75

FILED

60030185



DATE

03122008 No Chq-LLC

CR2E083 (12/07)

4. FEI Number 36-4505157

Applied Fo Not Applic

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

REGISTERED AGENTS OF FLORIDA LLC 100 S.E. 2ND STREET **SUITE 2900** MIAMI, FL 33131

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	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 acc the obligations of registered agent.
SIG	GNATURE

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 SHEPPARD, ERIC D 400 ARTHUR GODFREY BLVD. SUITE 200 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOŁMAN, PHILIP 400 ARTHUR GODFREY BLVD. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the informat 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

4/24/04