

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT# L02000023760**

1. Entity Name  
CKT-PARKCREST AT HARBOUR ISLAND, LLC



**Principal Place of Business**

201 E. KENNEDY BLVD.  
SUITE 950  
TAMPA, FL 33606

**Mailing Address**

201 E. KENNEDY BLVD.  
SUITE 950  
TAMPA, FL 33606



08162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0531009

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KNOTT TAYLOR, CINDY  
201 E. KENNEDY BLVD.  
SUITE 950  
TAMPA, FL 33602

**DO NOT WRITE  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

000000170460  
08/20/04-80001-016 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CKT-DEVELOPMENT CO.
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 950
CITY - ST - ZIP	TAMPA, FL 33606

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #