

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000027025 1. Entity Name CARRIELAND PROPERTIES, LLC	
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Principal Place of Business 2716 DEER BERRY CT LONGWOOD, FL 32779 US	Mailing Address 2716 DEER BERRY CT SUITE 103 LONGWOOD, FL 32779 US
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DO NOT WRITE IN THIS SPACE



04162005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2337968	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STEVENS, MEL JR. 222 S. WESTMONTE DR. SUITE 103 ALTAMONTE SPRINGS, FL 32714

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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 title if applicable	(NOTE: Registered Agent signature required when registering)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVENS, MEL JR. 180 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, RITA F 2716 DEER BERRY COURT LONGWOOD, FL 32779
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 exemption stated in Section 119.07(3)(f), 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	4-15-05 407-444-5667 Date Daytime Phone #
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