2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED May 02, 2005 08:00 AN **Secretary of State**

DOCUMENT	#	L03000031	830

1. Entity Name

CENTURY HOMES-CARLSBERG, LLC



Principal Place of Business

500 SOUTH FLORIDA AVENUE

SUITE 700 LAKELAND, FL 33801 US Mailing Address

500 SOUTH FLORIDA AVENUE

SUITE 700

LAKELAND, FL 33801 US



04192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0172728

Applied For Not Applicable

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.

AIRTH, HAL A JR. 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

_			
•	The electric respect and by a deposite this statement for the manager of above in the analysis of all the annual and a second and the analysis of a second and a	, ,,,	4.1
σ.	. The dought lighted entity such as this statement for the durbose of charming its registered diffice of registered agent, of both, as the state of Figure	i am familiar w	ath and accost
	. 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.) 341)) (W)(IIII) 14	in , and accord
	the obligations of registered agent.		
	the conditions of recisioned agent.		

SIGNATURE

(NOTE Registered Agent signature required whon reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

U00000351530 05/02/05-80153-004 55.00

	121112 ADD ON 1005 (MPRO) (11111 APPO)
9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRF MANAGEMENT CO INC. 500 S FLORIDA AVE SUITE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
ntle name Streefaddress City-St-Zip	
TIFLE 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 quality 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 and typed or printed name of aigning managing Member, or authorized representative

Kim SKelley