

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042248

Entity Name: COUNTRYSIDE HOMES, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

25541 SR 46
SUITE #3
SORRENTO, FL 32776 US

New Principal Place of Business:

Current Mailing Address:

25541 SR 46
SUITE #3
SORRENTO, FL 32776 US

New Mailing Address:

FEI Number: 80-0110346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEENAN, JOHN C
25541 SR 46
SUITE #3
SORRENTO, FL 32776 US

Name and Address of New Registered Agent:

WALSH, CHRISTOPHER S
2214 BLUFF OAK ST
APOPKA, FL 32712 US

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.

SIGNATURE: CHRISTOPHER S WALSH

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KEENAN, MARK A
Address: 500 PICKFORD POINT
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: KEENAN, JOHN C
Address: 25541 SR 46 STE 3
City-St-Zip: SORRENTO, FL 32776

Title: MGRM () Delete
Name: SEARS, SAMUEL F
Address: 740 MUIRFIELD CIR
City-St-Zip: APOPKA, FL 32712

Title: MGRM (X) Delete
Name: WALSH, CHRISTOPHER S
Address: 2214 LUFF OAK ST
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WALSH, CHRISTOPHER S
Address: 2214 BLUFF OAK ST
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER S WALSH

MGRM

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date