

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056702

FILED
Feb 07, 2005
Secretary of State

Entity Name: COUNTRYSIDE ESTATES, LLC

Current Principal Place of Business:

180 NW AMENITY COURT
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

180 NW AMENITY COURT
LAKE CITY, FL 32055

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUCINEK, FRANK
180 NW AMENITY COURT
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SOUCINEK, FRANK
Address: 180 NW AMENITY COURT
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: PHELPS, JOCK R
Address: 180 NW AMENITY COURT
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: ZECHER, BRYAN
Address: 180 NW AMENITY COURT
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON JOHNSON

MGRM

02/07/2005

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