2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000071384

1. Entity Name
COUNTRYWAY, LLC

20040533

Principal Place of Business	Mailing Address
767 BAY ESPLANADE CLEARWATER, FL 33767	767 BAY ESPLANADE CLEARWATER, FL 33767

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

04042005   Chg-LLC   CR2E083 (10/03)

Zip	Country	Zip	Country

4. FEI Number
20 - 1709394

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATERS, CODY W 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602	Name Panos Vasiloudes Street Address (P.O. Box Number is Not Acceptable) 767 Bay Esplanade City Clearwater FL Zip Code 33767

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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS	10.	ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE marm NAME Panos Vasiloudes STREET ADDRESS 767 Bay Esplanade CITY-ST-ZIP Clearwater FL 33767	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #