2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000081331

Entity Name

CARROLLWOOD CREEK, LLC



Principal Place of Business

3837 NORTHDALE BLVD PMD 234 TAMPA, FL 33624 Mailing Address

3837 NORTHDALE BLVD PMD 234 TAMPA, FL 33624

FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90123 016 ***138.75

60002911



01092008 No Chg-LLC

CR2E083 (12/07)

1613-877-7591

Daytime Phone #

Date:

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

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

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606

the obligations of registered agent.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	CATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS		AND THE DESCRIPTION OF THE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMERSON, JOHN J 3837 NORTHDALE BLVD PMD 234 TAMPA, FL 33624					
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11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the received or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Fli hall have the same legal effect as if made under oath; cute this report as required by Chapter 608, Florida Sta	orida Statutes. I further certify that the information that I am a managing member or manager of the atutes.			

MGR.

FO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE