

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030464

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: ENT COUNTRYSIDE ,LLC

**Current Principal Place of Business:**

1330 SOUTH FORT HARRISON AVE  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

1330 SOUTH FORT HARRISON AVE  
CLEARWATER, FL 33756 US

**New Mailing Address:**

FEI Number: 20-2613957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANTU, DAVID O  
25400 US HIGHWAY 19 N. SUITE 116  
CLEARWATER, FL 33763 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANTHONY, STEVEN  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR ( ) Delete  
Name: ALIDINA, ARIF  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR ( ) Delete  
Name: BARNA, JAMES  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR ( ) Delete  
Name: COHEN, LANCE  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR ( ) Delete  
Name: MILLER, MITCH  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR ( ) Delete  
Name: STEINIGER, JOSEPH  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

**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:

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 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: MICHAEL FRANKS

ENT

02/24/2009

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