2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000077407

1. Entity Name
CARROLLWOOD TOWNHOMES, LLC



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

2502 N. ROCKY POINT DRIVE SUITE 1050 TAMPA, FL 33607 Mailing Address

2502 N. ROCKY POINT DRIVE SUITE 1050 TAMPA, FL 33607



03112008 No Chg-LLC

· CR2E083 (12/07)

4. FEI Number		Applied For
20-3267724		Not Applicable
5. Certificate of Status Desired		Additional Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STROHAUER, GARY N 1150 CLEVELAND STREET SUITE 300 TAMPA, FL 33755

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of challons of registered agent.	anging its registered office or registered agent, or both,	in the State of Fiorida. I am familiar with, and ac	ccept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	_
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		000000937244 05/27/08-80042-019 138	. 75
9.	MANAGING MEMBERS/MANAGERS			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE RYAN GROUP, LLC 2502 N. ROCKY POINT DRIVE, SUITE 1050			•

CITY-ST-ZIP	TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby	certify that the information supplied with this filing does not qualify for the ex	emptions contained in Chapter 119, Florida Statutes. I further certify that the in

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 reserver 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, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #