2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000028760

1. Entity Name
COUNTRYSIDE CENTER LLC

30005496

Principal Place of Business	Mailing Address
8032 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610	8032 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610

2. Principal Place of Business - No P.O. Box #
2500 Countryside BLVD

3. Mailing Address
12570 Telecom DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008   Chg-LLC   CR2E083 (12/06)

City & State *CLEARWATER FL*

City & State *TEMPLE TERRACE FL*

4. FEI Number
20-4515136

Applied For
Not Applicable ☑

Zip *33761*   Country *US*

Zip *33637*   Country *US*

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
COMER, GORDON 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL ____ Zip Code

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMER, GORDON 8302 LAUREL FAIR CIRCLE TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*12570 Telecom DRIVE* *Temple Terrace FL 33637*	☒ 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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Gordon Comer, Manager*   *4/28/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #