FILED
May 12, 2005 8:00 am
Secretary of State
04-20-2005 90030 042 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L99000000823

1. Entity Name

CARILLON OF LAKELAND, L.C.

Principal Place of Business	Mailing Address
9190 OAKHURST ROAD, SUITE 2A SEMINOLE FL 33776	9190 OAKHURST ROAD, SUITE 2A SEMINOLE FL 33776

30906079

1st MOORE CR2E083 (10/04)

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

4. FEI Number 59-3649268 ☐ 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
FORLIZZO, ROBERT A 2903 RIGSBY LANE SAFETY HARBOR FL 34695	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Member PRESIDENT ☐ Delete CICCO, ROBERT A Sr. 9190 OAKHURST ROAD, SUITE 2A SEMINOLE FL 33776	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member SECY/TREAS ☑ Delete Robert A. Cicco, Jr. 9190 Oakhurst Rd. Suite 2 Seminole, FL 33776	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member VICE PRESIDENT ☐ Delete Christine Burgess 7050 Sunset Dr. Apt# 1010 S. Pasadena, FL 33707	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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: _____ Robert A. Cicco, Sr. 727-595-6407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
300066179
L99000000823

THE CARILLON, LC.

9190 OAKHURST RD., SUITE 2
SEMINOLE, FLORIDA 33776
727/595-6407 727/596-4400 FAX

May 9, 2005

Florida Department of State
Glenda E. Hood, Secretary of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Re: Annual Report 2005 Carillon of Lakeland, LC FEi # 59-3649268

Annual Reports Section, Ref Number: L99000000823, Attachment

1. Robert A. Cicco, Sr. Managing Member, President
2. Robert A. Cicco, Jr. Member, Secretary/Treasurer
3. Christine Burgess, Member, Vice President

The corrections per your letter dated April 26, 2005.

Should you need additional information please advise.

Thank you

Robert A. Cicco, Sr.
Managing Member, President