


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000000959 1. Entity Name CARRIAGE HOMES OF LAKE LAND, LLC	
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Principal Place of Business 215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747	Mailing Address 803 BIRCHFIELD DR. MT. LAUREL, NJ 08054
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0416221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WARONKER, DAVID A 215 CELEBRATION PLACE, STE. 500 CELEBRATION, FL 34747	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000030890
03/17/04-80037-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CBD DEVELOPMENT, INC. 803 BIRCHFIELD DR. MT LAUREL, NJ 08054
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**DO NOT WRITE
IN THIS SPACE**

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: _____ **2/10/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #