

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 JUN -1 PM 4:05


DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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04/26/05 90012 036 #50.00



DOCUMENT # M02000002931

1. Entity Name
CASTILLE AT CARILLON, LLC



Principal Place of Business
235 3RD STREET SOUTH, SUITE 300
ST. PETERSBURG, FL 33701

Mailing Address
235 3RD STREET SOUTH, SUITE 300
ST. PETERSBURG, FL 33701

2. Principal Place of Business
305 E. MAIN STREET

3. Mailing Address
305 E. MAIN STREET

Suite, Apt. #, etc.

City & State
BRIGHTON, MI

City & State
BRIGHTON, MI

Zip
48116

Country
USA

Zip
48116

Country
USA

04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
14-1853205

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

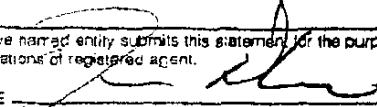
7. Name and Address of New Registered Agent

Name
G. KRISTIN DELANO

Street Address (P.O. Box Number is Not Acceptable)
360 CENTRAL AVENUE, SUITE 1560

City
ST. PETERSBURG FL Zip Code
33701

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 retreating) DATE 5/9/05

Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARILLON LAND DEVELOPMENT LLC 235 3RD STREET SOUTH, SUITE 200 ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSPREY, S.A., LTD. 305 E. MAIN STREET BRIGHTON, MI 48116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

JOHN R. FOWLER, JR. Managing Member of Lyon Properties Associates L.L.C. a Michigan limited liability company, as the General Partner of Osprey, S.A., Ltd., a Florida limited liability partnership, as the Managing Member of Castille at Carillon, LLC, a Delaware limited liability company

SIGNATURE:  DATE April 14, 2005 248 362-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE