2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003125

Entity Name

CARILLON NORTH HOLDCO LLC



FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90021 045 ***138.75

Principal Place of Business

400 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140

Mailing Address

400 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140

60031230



03122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

Applied Fo

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET, SUITE 2900 MIAMI, FL 33131-2130

DO NOT WRITE IN THIS SPACE

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 accepted obligations of registered agent.			
SIGNATURESignatu	are, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Will FEE IS \$138.75 2008 Fee will be \$538.75		
9	MANAGING MEMBERS/MANAGERS		

MGRM TITLE CARILLON MIAMI BEACH HOLDING LLC NAME 400 ARTHUR GODFREY ROAD STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

4/24/08

^{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 informat 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.