

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:59

DOCUMENT # A05000000899

1. Entity Name  
 SPANISH SPRINGS, LTD.



Principal Place of Business  
 60 POINTE CIRCLE  
 GREENVILLE, SC 29615

Mailing Address  
 60 POINTE CIRCLE  
 GREENVILLE, SC 29615

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 87-0753118

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF ORLANDO  
 300 S. ORANGE AVE., SUITE 1000 (DCJ)  
 ORLANDO, FL 32801

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.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

500122542365  
 04/08/08--01005--020 \*\*\$500.00

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L05000045065  
 NAME VILLAGES HOTEL INVESTOR, LLC  
 STREET ADDRESS 1020 LAKE SUMTER LANDING  
 CITY-ST-ZIP THE VILLAGES, FL 32162

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Janet L. Hanna*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/08  
 Date Daytime Phone #

STAPLE CHECK HERE