


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000006058**  
 1. Entity Name  
**SPRING ESTATES SOUTH LLC**



Principal Place of Business 1605 GULF WAY, UNIT 3 ST. PETERSBURG BEACH, FL 33706	Mailing Address 1605 GULF WAY, UNIT 3 ST. PETERSBURG BEACH, FL 33706
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 13-6145071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GLASSEY, GERALD  
 1605 GULF WAY, UNIT 3  
 ST. PETERSBURG BEACH, FL 33706

**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 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**

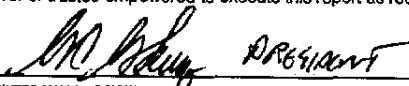
000000022325  
 01/30/04-80040-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASSEY, GERALD A 1605 GULF WAY, UNIT 3 ST PETE BEACH, FL 33706
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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:**  **DRG/AGENT**      1-28-04      727 367 6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #