


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 08:00 AM**  
**Secretary of State**


**DOCUMENT # L01000006058**

1. Entity Name  
**SPRING ESTATES SOUTH LLC**



Principal Place of Business	Mailing Address
1605 GULF WAY, UNIT 3 ST. PETERSBURG BEACH, FL 33706	1605 GULF WAY, UNIT 3 ST. PETERSBURG BEACH, FL 33706

**DO NOT WRITE IN THIS SPACE**



07062006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>13-6145071</b>	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 September 6, 2006**

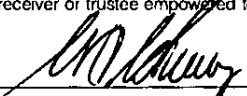
9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GLASSEY, GERALD A
STREET ADDRESS	1605 GULF WAY, UNIT 3
CITY-ST-ZIP	ST PETE BEACH, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000571266  
 07/19/06-80011-005 50.00

**DO NOT WRITE IN THIS SPACE**

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 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:**       **7-19-06**      **727 367 6777**

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