

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90325 006 ****55.00

DOCUMENT # L02000033651

1. Entity Name

SPRING HARBOR, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
615 Crescent Executive Ct

3. Mailing Address
615 Crescent Executive Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120

Suite 120

City & State

City & State

Lake Mary FL

Lake Mary FL

Zip
32746

Country
USA

Zip
32746

Country
USA

4. FEI Number

52-2387712

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dwayne Gray

Street Address (P.O. Box Number is Not Acceptable)

135 West Central Blvd

Suite 1100

City

Orlando

FL

Zip Code
32801

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

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mr
Todd L. Bork
615 Crescent Executive Ct, Ste 120
Lake Mary, FL 32746

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mr
Jonathan L. Wolf
615 Crescent Executive Ct, Ste 120
Lake Mary, FL 32746

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CR2E083B (12/02)

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:

Jonathan Wolf, Mr 2/12/03 407-333-3233

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

Date

Daytime Phone #