2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90011 008 ****55.00

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1. Entity Name
SEVEN SPRINGS PLAZA, L.L.C.

Principal Place of Business	Mailing Address
2551 DREW ST SUITE 207 CLEARWATER, FL 33765	2551 DREW ST SUITE 207 CLEARWATER, FL 33765

05262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2551 Drew St		2551 Drew St.	
Suite, Apt. #, etc.: Ste., 301		Suite, Apt. #, etc.: Ste., 301	
City & State: Clearwater, FL.		City & State: Clearwater, FL.	
Zip: 33765	Country: US	Zip: 33765	Country: US

4. FEI Number 51-0477491 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE G. PAPPAS, P.A.
901 N HERCULES AVE
SUITE D
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name: Bill W. Mazas
Street Address (P.O. Box Number is Not Acceptable): 2551 Drew St. Ste.#301
City: Clearwater FL Zip Code 33765

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] 7/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: MAZAS, BILL W. STREET ADDRESS: 2551 DREW ST. STE. 301 CITY-ST-ZIP: CLEARWATER, FL 33765	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: KARAMOUNTZOS, SAM STREET ADDRESS: 2551 DREW ST. STE. 301 CITY-ST-ZIP: CLEARWATER, FL 33765	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 7/5/04 727-726-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #