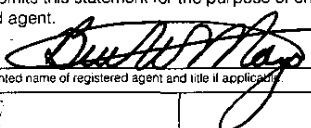
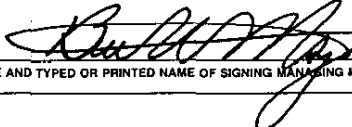


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90011 008 ****55.00

DOCUMENT # L03000018038 1. Entity Name SEVEN SPRINGS PLAZA, L.L.C.					
Principal Place of Business 2551 DREW ST SUITE 207 CLEARWATER, FL 33765			Mailing Address 2551 DREW ST SUITE 207 CLEARWATER, FL 33765		
2. Principal Place of Business 2551 DREW ST Suite, Apt. #, etc. STE. 301 City & State CLEARWATER, FL. Zip 33765 Country US		3. Mailing Address 2551 DREW ST. Suite, Apt. #, etc. STE. 301 City & State CLEARWATER, FL. Zip 33765 Country US			
4. FEI Number 51-0477491		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				05262004 Chg-LLC CR2E083 (10/03)	
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 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  DATE 7/5/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
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 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	
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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: 			DATE 7/5/04 DAYTIME PHONE # 727-726-6678		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					