


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90045 025 ***138.75

DOCUMENT # L03000035616	
1. Entity Name VACANT SPRING, LLC	

Principal Place of Business 18851 NE 29TH AVE., #722 AVENTURA, FL 33180 US	Mailing Address PO BOX 611510 MIAMI, FL 33261-1510 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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000J0106



04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0272987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROUSSO, MARK E ESQ. 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSKOPF, MANUEL 18851 NE 29TH AVE., #722 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISCHER, WALTER 18851 NE 29TH AVE., #722 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTOLONGO, DAISY M 18851 NE 29TH AVE., #722 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of this fee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/25/08 786-253-2386**

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