2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

| DOCUMENT # L0600001590 1. Entity Name SEVEN SISTERS SPRINGS, LLC | | | | | | | 01-14-2008 | 90042 0: | 31 ***13 | 8.75 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|-------------|------------------------|-------------------------------------|
| Principal Place of Business 4420 CORTEZ BLVD BROOKSVILLE, FL 34607 US | | | Mailing Address 4420 CORTEZ BLVD BROOKSVILLE, FL 34607 US | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01042008 | Chg-LLC | CR2E0 | 83 (12/06) | |
| City & State | | | City & State | | | 4. FEI Number | PLICABLE | - | 1 | oplied For ot Applicable |
| Zip | Zip Country | | Zip | D Country | | 5. Certificate of | of Status Desired | | \$5.00 Add | |
| 6. Name and Address of Current R | | | | | 7. Name and | Address of New R | | | | |
| FOSTER, GEORGE K | | | | | Name | | | | | |
| 4420 CORTEZ BLVD BROOKSVILLE, FL 34607 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | City | | | FL | Zip Cod | е |
| | named entity sub- | | the purpose of changing its | register | Ied office or registe | red agent, or both | n, in the State of Flo | | familiar with, | and accept |
| SIGNATURE . | | ted name of registered agent a | TO(A) alresting (NOT) | F. Bazrelaro | d Agent signature requires | d whoe countries | | DATE | <u> </u> | |
| | organica o, typica de diet. | aco i a i co i co i co i co i co i co i | (1901) | . riegistere | o vitaliti signature regiones | u when territoristating) | | DATE | • | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | | Make check payable to Florida Department of State | | | | |
| FILE After May | NOW!!! FEE 1, 2008 Fee | IS \$138.75 will be \$538.75 | | | | | | | | e |
| FILE After May | / 1, 2008 Fee | IS \$138.75 will be \$538.75 | L., | 10. | | | | Departm | ent of Stat | e |
| 9. | 1, 2008 Fee MGRM | MANAGING MEMBER | L., | TOTAL | | | Florida | Departm | ent of Stat | Addition |
| After May | / 1, 2008 Fee | WIII be \$538.75 MANAGING MEMBER DRGE K | RS/MANAGERS | TITL! | | | Florida | Departm | ent of Stat | |
| 9. TIFLE NAME | MGRM FOSTER, GEO | MANAGING MEMBER DRGE K BLVD | RS/MANAGERS | THE NAM STRE | E | | Florida | Departm | ent of Stat | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 | RS/MANAGERS | TITLE NAM STRE | E EET ADORESSSI - ZIP | | Florida | Departm | ent of Stat | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 | RS/MANAGERS Delete | TITLE NAM STRE CITY TITLE NAM | E TET ADDRESS -S1-ZIP E E | | Florida | Departm | ent of Stat | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 | RS/MANAGERS Delete | TITLE NAM STRE CITY TITLE NAM STRE | E EET ADORESSSI - ZIP | | Florida | Departm | ent of Stat | Addition |
| 9. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM | MANAGING MEMBER DRGE K Z BLVD E, FL 34607 | RS/MANAGERS Delete | TITLE NAM STRE CITY TITLE NAM STRE | E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP | | Florida | Departm | ent of Stat | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THE NAME THE NAME | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HAEL | RS/MANAGERS Delete Delete | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM NAM | E ET ADDRESSS1-ZIP E E ET ADDRESSS1-ZIP E ET ADDRESSS1-ZIP | | Florida | Departm | Change | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC 4113 ORCHID | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | RS/MANAGERS Delete Delete | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE STRE | E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E ET ADDRESS | | Florida | a Departm | Change | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | RS/MANAGERS Delete Delete Delete | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE STRE | E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E -S1-ZIP | | Florida | Departm | Change | Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC 4113 ORCHID | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | RS/MANAGERS Delete Delete | TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY NAM | E ET ADDRESSS1-ZIP E E ET ADDRESSS1-ZIP E E E ET ADDRESSS1-ZIP E E ET ADDRESSS1-ZIP E E ET ADDRESSS1-ZIP E E E E E E E E E E E E E E E E E E E | | Florida | a Departm | Change | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC 4113 ORCHID | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | RS/MANAGERS Delete Delete Delete | TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY NAM STRE CITY TITLE NAM STRE | E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E E ADDRESS -S1-ZIP E E ET ADDRESS | | Florida | a Departm | Change | Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC 4113 ORCHID | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | Delete Delete Delete Delete | TITLE NAM STRE CITY | E ET ADDRESSS1-ZIP E E E ADDRESSS1-ZIP E E E ET ADDRESSS1-ZIP E E E ET ADDRESSS1-ZIP E E E E E E E E E E E E E E E E E E E | | Florida | a Departm | Change Change Change | Addition Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC 4113 ORCHID | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | RS/MANAGERS Delete Delete Delete | TITLE NAMM STREE CITY | E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS | | Florida | a Departm | Change | Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC 4113 ORCHID | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | Delete Delete Delete Delete | TITLE NAMM STREE CITY TITLE NAMM STREE STREE | E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS | | Florida | a Departm | Change Change Change | Addition Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC 4113 ORCHID | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | Delete Delete Delete Delete | TITLE NAMM STREE CITY | E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS | | Florida | a Departm | Change Change Change | Addition Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC 4113 ORCHID | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | Delete Delete Delete Delete Delete | TITLE NAMM STREE CITY | E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS | | Florida | a Departm | Change Change Change | Addition Addition Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOSTER, GEC 4420 CORTEZ BROOKSVILLI MGRM FOSTER, JOH PO BOX 643 BROOKSVILLI MGRM LIGUORI, MIC 4113 ORCHID | MANAGING MEMBER DRGE K 2 BLVD E, FL 34607 HN E, FL 34605 HAEL DRIVE | Delete Delete Delete Delete Delete | TITLE NAMM STREE CITY | E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS | | Florida | a Departm | Change Change Change | Addition Addition Addition Addition |

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 _timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IGNATURE: SIGNATURE AND TYPE OF THE PROPERTY O