



FILED
Feb 05, 2003 8:00 am
Secretary of State

20023596

☐ CHECK HERE IF MAKING CHANGES

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # L00000002159 | |  | | Secretary of State | |
| 1. Entity Name SPRING HILL PROPERTIES, LLC | | | | 02-05-2003 90036 008 ****50.00 | |
| Principal Place of Business 300 SOUTH PARK PLACE BLVD., SUITE 150 C/O ARVIDA REALTY SERVICES CLEARWATER FL 33759 | | Mailing Address 300 SOUTH PARK PLACE BLVD., SUITE 150 C/O ARVIDA REALTY SERVICES CLEARWATER FL 33759 | | 20023596 | |
| 2. Principal Place of Business 1188 Mandalay Pt Suite, Apt. #, etc. | | 3. Mailing Address 1188 Mandalay Pt Suite, Apt. #, etc. | |  | |
| City & State Clearwater 33767 USA | | City & State Clearwater FL 33767 USA | | 4. FEI Number 59-3670762 | |
| 6. Name and Address of Current Registered Agent COPE, RICHARD W 300 SOUTH PARK PLACE BLVD., SUITE 150 C/O ARVIDA REALTY SERVICES CLEARWATER FL 33759 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1188 Mandalay Pt City Clearwater FL Zip Code 33767 | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR COPE, RICHARD W 300 S PARK PLACE BLVD., STE 150 CLEARWATER FL 33759 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP 1188 Mandalay Pt 1188 Mandalay Pt Change <input type="checkbox"/> Addition Clearwater FL 33767 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | 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"/> Delete | | | 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 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: _____ 1/8/03 727-7236010 | | | | | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |