

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90216 005 \*\*\*\*50.00

**DOCUMENT # L00000011945**

1. Entity Name  
SPRING TRACE, L.L.C.



Principal Place of Business

% SOUTHSTAR DEVELOPMENT PARTNERS, INC.  
255 AHLAMBRA CIRCLE, SUITE 312  
CORAL GABLES, FL 33134

Mailing Address

% SOUTHSTAR DEVELOPMENT PARTNERS, INC.  
255 AHLAMBRA CIRCLE, SUITE 312  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1045545

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
390 NORTH ORANGE AVENUE, SUITE 1100  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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, 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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BENSON, NATHAN D  
448 VIKING DR., STE. 220  
VIRGINIA BEACH, VA 23452

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOTTLIEB, RAYMOND L  
448 VIKING DR., STE. 220  
VIRGINIA BEACH, VA 23452

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/2/04 757-463-5000

Date

Daytime Phone #