

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**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**



01252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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, 2005**

**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

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1100000215158  
03/24/05-80040-U18 50.00

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

Date

Daytime Phone #