

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

|                                                                                             |                                                                                   |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L01000000664</b><br>1. Entity Name<br><b>WALL SPRINGS EXECUTIVE PARK, LLC</b> |  |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                      |                                                                                          |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>28059 U.S. HIGHWAY 19 NORTH, STE. 100<br/>CLEARWATER, FL 33761</b> | Mailing Address<br><b>28059 U.S. HIGHWAY 19 NORTH, STE. 100<br/>CLEARWATER, FL 33761</b> |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|



01072004 No Chg-LLC CR2E063 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3691809</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                        |

|                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>BURKE, ROBERT C JR.<br/>28059 U.S. HIGHWAY 19 NORTH, STE. 100<br/>CLEARWATER, FL 33761</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

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.

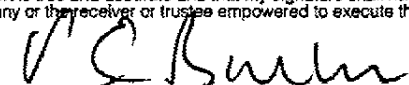
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CAVALARIS, MICHAEL<br>248 ALTERNATE 19 NORTH<br>PALM HARBOR, FL 34683         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KIMPTON, WILLIAM J<br>28059 U S HIGHWAY 19 NORTH #100<br>CLEARWATER, FL 33761 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BURKE, ROBERT C JR<br>28059 U S HIGHWAY 19 NORTH #100<br>CLEARWATER, FL 33761 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       |

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| <p>000000010127<br/>01/22/04-80019-008 50.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
|-----------------------------------------------------------------------------------------------|

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

**SIGNATURE:**  **01/09/04 727-791-0063**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #