2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000000664

1. Entity Name
WALL SPRINGS EXECUTIVE PARK, LLC

Principal Place of Business	Mailing Address
28059 U.S. HIGHWAY 19 NORTH, STE. 100 CLEARWATER, FL 33761	28059 U.S. HIGHWAY 19 NORTH, STE. 100 CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3691809
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, ROBERT C JR.
28059 U.S. HIGHWAY 19 NORTH, STE. 100
CLEARWATER, FL 33761

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAVALARIS, MICHAEL
STREET ADDRESS	248 ALTERNATE 19 NORTH
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	MGRM
NAME	KIMPTON, WILLIAM J
STREET ADDRESS	28059 U S HIGHWAY 19 NORTH #100
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	MGRM
NAME	BURKE, ROBERT C JR
STREET ADDRESS	28059 U S HIGHWAY 19 NORTH #100
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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01/22/04-80019-008 50.00

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