

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000664

1. Entity Name

WALL SPRINGS EXECUTIVE PARK, LLC



Principal Place of Business

28059 U.S. HIGHWAY 19 NORTH, STE. 100
CLEARWATER, FL 33761

Mailing Address

28059 U.S. HIGHWAY 19 NORTH, STE. 100
CLEARWATER, FL 33761



01142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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**

U000000197022
01/26/05-80090-005 50.00

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	

**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:

01/21/05 727-791-0063

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

Date

Daytime Phone #

Robert C. Burke, Jr., Managing Member