
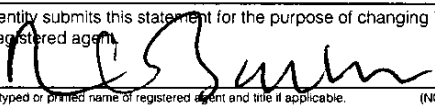
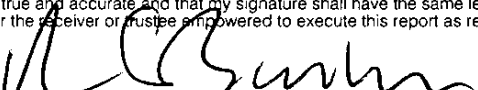


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Secretary of State

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DOCUMENT # L01000000664				Secretary of State	
1. Entity Name WALL SPRINGS EXECUTIVE PARK, LLC		03-16-2006 90026 020 ****50.00			
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			
2. Principal Place of Business 412 E. Tarpon Avenue		3. Mailing Address 412 E. Tarpon Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tarpon Springs, FL		City & State Tarpon Springs, FL		4. FEI Number 59-3691809	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Robert C. Burke, Jr. Street Address (P.O. Box Number is Not Acceptable) 412 E. Tarpon Avenue City Tarpon Springs FL Zip Code 34689	
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 03/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVALARIS, MICHAEL 248 ALTERNATE 19 NORTH PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIMPTON, WILLIAM J 28059 U S HIGHWAY 19 NORTH #100 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 605 Palm Boulevard Suite B Dunedin, FL 34698		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, ROBERT C JR 28059 U S HIGHWAY 19 NORTH #100 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 412 E. Tarpon Avenue Tarpon Springs, FL 34689		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 03/14/06 727-939-4900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>					