

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000664

1. Entity Name
WALL SPRINGS EXECUTIVE PARK, LLC



Principal Place of Business
**412 E TARPON AVE
TARPON SPRINGS, FL 34689**

Mailing Address
**412 E TARPON AVE
TARPON SPRINGS, FL 34689**



03282007 No Chg-LLC

CR2E083 (11/05)

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
412 E TARPON AVE
TARPON SPRINGS, FL 34689**

**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, 2007**

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	605 PALM BLVD, STE B
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	MGRM
NAME	BURKE, ROBERT C JR
STREET ADDRESS	412 E TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80019-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

4/ 3/07 727-935-4900