## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L01000018704

1. Entity Name SPRING FOREST, L.L.C.



**FILED** Jul 16, 2007 08:00 AM Secretary of State

Principal Place of Business

2198 MAIN STREET SARASOTA, FL 34237 US Mailing Address

1001 3RD AVENUE WEST SUITE 700 BRADENTON, FL 34205



07132007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    | <br>Applied For                   |
|----------------------------------|-----------------------------------|
| 65-1155161                       | <br>Not Applicable                |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER 2198 MAIN STREET SARASOTA FL 34237

## DO NOT WRITE

| SARASOI  | A, FL 3423/  | 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 registored agent and (tile if applicable, [NOTE, Regis | isered Agent signature required when reinstating) DATE |  |  |
| Fil<br>Due t   | ing Fee is \$50.00<br>by September 14, 2007  | U00000769065<br>07/16/07-80012-018 50.00               |  |  |
| <b>9</b> ,   | MANAGING MEMBERS/MANAGERS  |  |  |  |
| TOLE NAME STREET ABORESS CITY-ST-ZIP   | MGRM MEYER-WOELDEN, ANTONELLA 1001 3RD AVE WEST SUITE 700 BRADENTON, FL 34205              | <del></del>  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | DO NOT WRITE   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | IN THIS SPACE  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |  |
| 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:

Davilme Phone #