

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000009109

1. Entity Name
SPRING ISLE, LLC



Principal Place of Business
**401 FERGUSON DRIVE
ORLANDO, FL 32805**

Mailing Address
**401 FERGUSON DRIVE
ORLANDO, FL 32805**



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0676051

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAWTHON, FRANK H JR
401 FERGUSON DRIVE
ORLANDO, FL 32805**

**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**

000000706355
04/24/07-80021-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAWTHON, JR., FRANK 401 FERGUSON DRIVE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHLI, BEAT 401 FERGUSON DRIVE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUQUA, JEFFREY B 401 FERGUSON DRIVE ORLANDO, FL 32805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 #