

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 006 \*\*\*\*55.00

DOCUMENT # L02000033651

1. Entity Name

SPRING HARBOR, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

615 Crescent Executive Ct

3. Mailing Address

615 Crescent Executive Ct

Suite, Apt. #, etc.

120

Suite, Apt. #, etc.

Suite 120

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

USA

Zip

32746

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2387712

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Dwayne Gray

Street Address (P.O. Box Number is Not Acceptable)

135 West Central Blvd

Suite 1100

City

Orlando

FL

Zip Code

32801

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Mr  
Todd L. Bork  
615 Crescent Executive Ct, Ste 120  
Lake Mary, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Mr  
Jonathan L. Wolf  
615 Crescent Executive Ct, Ste 120  
Lake Mary, FL 32746

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CR2E083B (12/02)

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:**

Jonathan Wolf, Mr 2/12/03 407-333-3233

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

Date

Daytime Phone #