

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002318

FILED
May 17, 2006
Secretary of State

Entity Name: ARBOR SPRINGS DEVELOPMENT, LLC

Current Principal Place of Business:

800 SW 85TH AVE
OCALA, FL 34481

New Principal Place of Business:

14130 SW 121ST COURT
DUNNELLON, FL 34432 US

Current Mailing Address:

800 SW 85TH AVE
OCALA, FL 34481

New Mailing Address:

14130 SW 121ST COURT
DUNNELLON, FL 34432 US

FEI Number: 22-3891888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSBECK, EDWARD
800 SW 85TH AVE
OCALA, FL 34481 US

Name and Address of New Registered Agent:

ROSBECK, EDWARD
14130 SW 121ST COURT
DUNNELLON, FL 34432 US

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.

SIGNATURE: EDWARD ROSBECK

05/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSBECK, PETER
Address: 800 SW 85TH AVE
City-St-Zip: OCALA, FL 34481 US

Title: MGR () Delete
Name: HIDDEN POINT FARM, I, NC
Address: 800 SW 85TH AVE
City-St-Zip: OCALA, FL 34481 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD ROSBECK

MGR

05/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date