



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033126 1. Entity Name 2/\$1.00 OF SPRING HILL, LLC	
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Principal Place of Business 1440 PINEHURST DRIVE SPRING HILL, FL 34609	Mailing Address 1440 PINEHURST DRIVE SPRING HILL, FL 34609
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DO NOT WRITE IN THIS SPACE

	
04202005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 20-0202356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MACDONALD, GAIL 2334 LANDOVER BLVD SPRING HILL, FL 34608

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when re-registering)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACDONALD, GAIL 2334 LANDOVER BLVD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACDONALD, WILLIAM 2334 LANDOVER BLVD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000324358 04/22/05-80090-012 50.00</p> DO NOT WRITE IN THIS SPACE

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: <u>Gail MacDonald / GAIL MACDONALD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>4/20/05</u> <small>Date</small>	<u>352-688-1698</u> <small>Daytime Phone #</small>
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