


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



Principal Place of Business Mailing Address

1440 PINEHURST DRIVE **1440 PINEHURST DRIVE**
SPRING HILL, FL 34609 **SPRING HILL, FL 34609**

DO NOT WRITE IN THIS SPACE



04202005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
20-0202356 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MACDONALD, GAIL
STREET ADDRESS	2334 LANDOVER BLVD
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	MGRM
NAME	MACDONALD, WILLIAM
STREET ADDRESS	2334 LANDOVER BLVD
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/22/05-80090-012 50.00

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: Gail Macdonald / GAIL MACDONALD 4/20/05 352-688-1698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #