2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000033126

1. Entity Name

2/\$1.00 OF SPRING HILL, LLC



FILED Apr 16, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1440 PINEHURST DRIVE SPRING HILL, FL 34609 1440 PINEHURST DRIVE Spring Hill, FL 34609



03282008 No Chg-LLC

CR2E083 (12/07)

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 Fiorida.	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

FILE NOW!!! FEE.IS \$138.75 After May 1, 2008 Fee will be \$538.75

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

U00000900817 04/29/08-80045-005 138.75

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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: X Gail Machonal

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Date

352-688-1198

Daytme Phone #