

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051804

FILED
Jan 19, 2007
Secretary of State

Entity Name: SPRING LAKE PARTNERS LLC

Current Principal Place of Business:

7067 VILLA ESTELLE DRIVE
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7067 VILLA ESTELLE DRIVE
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 54-2138448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAUSEN, PATTI B
7067 VILLA ESTELLE DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLAUSEN, PATTI B
Address: 7067 VILLA ESTELLE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR () Delete
Name: CLAUSEN, JAMES H
Address: 7067 VILLA ESTELLE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR () Delete
Name: CLAUSEN, AARON J
Address: 7067 VILLA ESTELLE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR () Delete
Name: CLAUSEN, JAY R
Address: 7067 VILLA ESTELLE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR () Delete
Name: CLAUSEN, KARYN
Address: 7067 VILLA ESTELLE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR () Delete
Name: CLAUSEN, LAURA
Address: 7067 VILLA ESTELLE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: JAMES CLAUSEN

MGR

01/19/2007

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