2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# L03000051804

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
Name:	
Address:	
City-St-Zip:	
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 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: PATTI CLAUSEN MGR 01/23/2008

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