2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L03000053503** 05 MAY 19 AM 9: 57 SPRING HAVEN RETIREMENT, LLC Mailing Address Principal Place of Business 225 SRD STREET NORTH 225 SRD STREET NORTH ST. PETERSBURG, Pt. 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address 1225 HAVENDALE BLUDNW 1225 HAVENDALE 07072004 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State WINTER HAVES FL 20-06*25*713 Not Applicable JINTER FL \$5.00 Additional Country Zip 5. Certificate of Status Desired Park PO114 Fee Required 3388। 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTELLANO, NELSON T Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602 Zip Code City 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. 7-14-04 SIGNATURE same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change ■ Addition TITLE Cwner ☐ Delete TITLE NAME NAME terry McCarthy STREET ADDRESS STREET ADDRESS 3663 Bayshore Blud. HE St. Petersburgh, R. 33703 CITY-ST-ZIP CiTY+ST-7IP ☐ Change ☐ Addition TITI F TITLE Delete Treasurer NAME NAME Mark wester burg STREET ADDRESS STREET ADDRESS 333 Third Avenue, Suite 400 CITY-ST-ZIP CITY-ST-ZIP St. Petersburgh, FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME 600056208226 06/15/05--01035--006 ***50 STREET ADDRESS STREET ADDRESS **50.00 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I nereby 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 icdicated 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

<u>/-8-04</u>

<u> 83-293-0072</u>