2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000053503

1. Entity Name

SPRING HAVEN RETIREMENT, LLC



Principal Place of Business

1225 HAVENDALE BLVD NW WINTER HAVEN, FL 33881

Mailing Address

1225 HAVENDALE BLVD NW WINTER HAVEN, FL 33881

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90024 026 ****55.00

20038525



04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0625713

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, TERENCE J 420 BAY AVENUE CLEARWATER, FL 33756

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	pove named entity submits this statement of policy statement agent.	it for the purpose of changing	its registered office or i	registered agent, or both, in the	State of Florida.	am familiar with, and a	ccept
SIGNATU							_
	Signature, typed or printed name of registered a	gent and title if applicable. (f	NOTE: Registered Agent signature	e required when reinstating)	D.	ATE	

Filing Fee Is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	0 "
NAME	MCCARTHY, TERRY
STREET ADDRESS	3663 BAYSHORE BLVD. NE
CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	Т
NAME	WATERBURG, MARK
STREET ADDRESS	333 THIRD AVENUE, SUITE 400
CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADORESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filling does not qualify for the ex

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11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

<u>4/24/04</u>

(727) 445- 4862

Daytime Phone #