

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-25-2005 90098 015 ****50.00

DOCUMENT # L04000061936					
1. Entity Name SPRING ESTATES SOUTH 34TH STREET HOLDING, LLC					
Principal Place of Business 1605 GULF WAY, UNIT #3 PASS A GRILLE, FL 33706			Mailing Address 1605 GULF WAY, UNIT #3 PASS A GRILLE, FL 33706		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		03312005 Chg-LLC CR2E083 (10/03)
4. FEI Number 73-1718206				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZARETSKY, RICHARD P 1655 PALM BEACH LAKES BLVD., STE 900 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GERALD A. GLASSEY 1605 GULF WAY, UNIT 3 ST. PETE BEACH, FL 33706		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby 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 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:			4-19-05 727 7676777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		