2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 19, 2006 08:00 AM DOCUMENT # L04000061936 **Secretary of State** SPRING ESTATES SOUTH 34TH STREET HOLDING, LLC Mailing Address Principal Place of Business 1605 GULF WAY, UNIT #3 1605 GULF WAY, UNIT #3 PASS A GRILLE, FL 33706 PASS A GRILLE, FL 33706 CR2E083 (11/05) 07062006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1718206 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZARETSKY, RICHARD P DO NOT WRITE 1655 PALM BEACH LAKES BLVD. STE 900 WEST PALM BEACH, FL 33401 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 6, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE NAME GLASSEY, GERALD A 1605 GULF WAY UNIT 3 STREET ADDRESS SAINT PETERSBURG, FL 33706 CITY-ST-ZIP TITLE NAME STREET ADDRESS U000000571267 CITY-ST-ZIP 07/19/06-80011-006 50.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IMLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 eath; 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.

TITLE NAME STREET ADORESS

CITY-ST-ZIP

A 21 182

SIGNATURE: 7-15-06 727 367 677

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Devitine Phone #