2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

May 11, 2005 8:00 am Secretary of State **DOCUMENT # L04000062067** 05-11-2005 90030 027 ****50.00 SPRÍNGWOOD DEVELOPMENT COMPANY, LLC Principal Place of Business Mailing Address 3520 THOMASVILLE ROAD, 4TH FLOOR 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 CR2E083 (10/03) Chg-LLC 4. FEI Number Applied For City & State City & State 20-1555 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANAUSA, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change Addition **MGRM** TITLE TITLE Delete MANAUSA, DANIEL E NAME NAME STREET ADDRESS STREET ADORESS 3520 THOMASVILLE ROAD, 4TH FLOOR CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP ■ Addition TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:
SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

FILED

Daytime Phone #