2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 06, 2005 8:00 am
Secretary of State

04-28-2005 90030 030 ****50.00

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04252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000070970

1. Entity Name
THE VILLAGES OF SPRINGHAVEN, LLC

Principal Place of Business	Mailing Address
30 SOUTH SHORE DRIVE DESTIN, FL 32541 US	30 SOUTH SHORE DRIVE DESTIN, FL 32541 US

2. Principal Place of Business	3. Mailing Address
543 Harbor Blvd #501	543 Harbor Blvd #501
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin FL	City & State: Destin FL
Zip: 32541 / Country	Zip: 32541 / Country

4. FEI Number — Applied For / [X] Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CADENHEAD & ASSOCIATES, P.A. 30 SOUTH SHORE DRIVE DESTIN, FL 32541	Name: Street Address (P.O. Box Number is Not Acceptable): 543 Harbor Blvd #501 City: Destin FL Zip Code: 32541

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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	[X] Change ☐ Addition
NAME	CADENHEAD, CHRIS	NAME	
STREET ADDRESS	30 SOUTH SHORE DRIVE	STREET ADDRESS	543 Harbor Blvd #501
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	Destin FL 32541
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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: Chris Cadenhead CHRIS CADENHEAD 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #