


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 26, 2005 8:00 am
Secretary of State

03-22-2005 90181 031 ****50.00

DOCUMENT # L04000083004 1. Entity Name PROVIDENCE SPRINGS PLANTATION, LLC					
Principal Place of Business 18301 TELEGRAPH CREEK LANE ALVA, FL 33920			Mailing Address 18301 TELEGRAPH CREEK LANE ALVA, FL 33920		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GREEN, BRUCE D 1520 ROYAL PALM SQUARE BOULEVARD SUITE 320 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.			4. FEI Number 20-1963644		
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
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	William K. Stancel Jr <input type="checkbox"/> Delete 18301 Telegraph Creek Ln ALVA FL 33920		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Bill Stancel</i>			3-18-05 239-437-7051		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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