

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90042 033 ****50.00

DOCUMENT # L05000038316

1. Entity Name
DAYSPRING LAND COMPANY, L.C.



Principal Place of Business
**P.O. BOX 948054
MAITLAND, FL 32794 US**

Mailing Address
**P.O. BOX 948054
MAITLAND, FL 32794 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

**EDWARDS, ALLISON
111 N. ORANGE AVENUE
SUITE 775
ORLANDO, FL 32801**

Name
Greene & Lee, P.L.
Street Address (P.O. Box Number is Not Acceptable)
**111 North Orange Avenue
Suite 1450
Orlando FL 32801**

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

Charles M. Greene. April 10, 2006

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HILL, MELISSA J
P.O. BOX 948054
MAITLAND, FL 32794** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 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 606, Florida Statutes.

SIGNATURE: *Melissa Hill*

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

Date

Daytime Phone #