2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000058121

1. Entity Name SPRING GLEN ROAD, LLC



Principal Place of Business Mailing Address

3643 HILLIARD RD JACKSONVILLE, FL 32217 3643 HILLIARD RD . JACKSONVILLE, FL 32217

FILED Apr 25, 2008 08:00 AN Secretary of State



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04222008 No Chg-LLC (

CR2E083 (12/07)

 FEI Number 20-3012051 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EISENSTEIN, CHYRL 3643 HILLIARD RD JACKSONVILLE, FL 32217

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The above na the obligation	med entity submits this statement for the page of registered agent.	ourpose of changing its registe	red office or registered agent, o	r both, in the State of Florida.	I am familiar with, and accep	ŧ
SIGNATURE						
Sko	NATUre, typed or printed name of registered agent and little	if applicable (NOTE: Recester	ed Agent sometime required when reinstation	n\ r	NATE 4	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP HITLE	MGRM EISENSTEIN, THOMAS 3643 HILLIARD RD JACKSONVILLE, FL 32217 MGRM			
NAME STREET ADDRESS CITY-ST-ZIP	EISENSTEIN, CHYRL 3643 HILLIARD RD JACKSONVILLE, FL 32217			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the ex				

U00000921604 05/15/08-80014-002 138.75

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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 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: MANAGEMENT SIGNATURE AND TRY OF PROVIDED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/08

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Daytime Phone #