


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 16, 2007 8:00 am  
Secretary of State**

01-25-2007 90085 039 \*\*\*150.00

<b>DOCUMENT # L05000067488</b> 1. Entity Name <b>SPRING LAKE HOMES, LLC</b>	
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Principal Place of Business <b>200 HEALTHY WAY SEBRING, FL 33876 US</b>	Mailing Address <b>200 HEALTHY WAY SEBRING, FL 33876 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>56-2526588</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BREED, ESQ. MARK 325 N. COMMERCE AVE SEBRING, FL 33870</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HORAK, RALPH 200 HEALTHY WAY SEBRING, FL 33876</b>
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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. <b>SIGNATURE:</b>  <b>2/14/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
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