

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000068943**

1. Entity Name  
**SPRING ISLE C, LLC**



Principal Place of Business  
**401 FERGUSON DRIVE  
ORLANDO, FL 32805**

Mailing Address  
**401 FERGUSON DRIVE  
ORLANDO, FL 32805**



01152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CAWTHON, FRANK H JR.  
401 FERGUSON DRIVE  
ORLANDO, FL 32805**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAWTHON, FRANK JR 401 FERGUSON DRIVE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUQUA, JEFFRY B 401 FERGUSON DRIVE ORLANDO, FL 32805
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000000624881  
02/14/07-80051-025 50.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

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

Date

Daytime Phone #