2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

03-03-2006 90006 036 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000069165

1. Entity Name
WELLSPRING MANAGEMENT, LLC

Principal Place of Business	Mailing Address
2301 PINE MEADOWS PL CHULUOTA FL 32766	2301 PINE MEADOWS PL CHULUOTA FL 32766

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

EIN 1st MOORE CR2E083 (10/05)

4. FEI Number 04-3821795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TERENZIO, ROBERT T
127 WEST CHURCH AVE
LONGWOOD FL 32750 CHANGE →

7. Name and Address of New Registered Agent

Name WAYNE R. GEISLER
Street Address (P.O. Box Number is Not Acceptable) 2301 PINE MEADOWS PL.
City CHULUOTA FL Zip Code 32766

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 WAYNE R. GEISLER - Managing MEMBER [signature] 2-10-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Manager) Dennis E. Gagnon 820 Lilac Trace Lane Orlando FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [illegible]ging WAYNE R. GEISLER 2301 PINE MEADOWS PL CHULUOTA, FLA. 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] DENNIS E. GAGNON - MGR 2/6/06 407-392-1074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #