


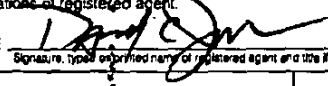
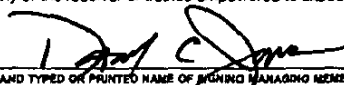
FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90024 025 ****55.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

4/

30009083

DOCUMENT # L05000082831			
1. Entity Name SPRING OAKS, LLC			
Principal Place of Business 7251 GROVE ROAD BROOKSVILLE, FL 34613		Mailing Address 7251 GROVE ROAD BROOKSVILLE, FL 34613	
2. Principal Place of Business		3. Mailing Address 420 Bay Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Clearwater, FL	
Zip	Country	Zip	Country
		33756	USA
4. FEI Number 20-3349136		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTELLANO, NELSON T 101 E. KENNEDY BLVD., STE. 2700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: David C. Jones Street Address (P.O. Box Number is Not Acceptable) 420 Bay Avenue City: Clearwater FL Zip Code: 33756	
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 		DATE 4/23/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Terence J. McCarthy 420 Bay Ave. Clearwater, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4-23-06 727-445-4862	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

ATTACHMENT

30009083



May 23, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 33756

Re: Spring Oaks, LLC – Reference Number: L05000082831

To Whom It May Concern:

Attached is the copy of our annual report/uniform business report with the corrections for Spring Oaks, LLC that was requested per the letter you sent.

Please file the report and send the Certificate of Status when possible. Thank you for your assistance to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pamela D. Kerrin'. The signature is fluid and cursive, with a large initial 'P' and 'K'.

Pamela D. Kerrin
Executive Assistant