


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000095970**

1. Entity Name  
**THREE SPRINGS ENTERPRISES, LLC**



Principal Place of Business <b>6833 NE 35 LANE          SILVER SPRINGS, FL 34488</b>	Mailing Address <b>6833 NE 35 LANE          SILVER SPRINGS, FL 34488</b>
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**DO NOT WRITE IN THIS SPACE**



01232007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3501242</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ABEGGLEN, MARY ANN  
 6833 NE 35 LANE  
 SILVER SPRINGS, FL 34488**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABEGGLEN, MARY ANN 6833 NE 35 LANE SILVER SPRINGS, FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABEGGLEN, JOHN 6833 NE 35 LANE SILVER SPRINGS, FL 34488
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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:** *Mary Ann Abegglen, Managing Member* **Jan 23 '07** (352)236-9837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #