
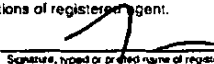



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 10, 2006 8:00 am
Secretary of State

04-21-2006 90016 035 ****50.00

DOCUMENT # L05000103830			
1. Entity Name SPRINGHILL TWO, LLC			
Principal Place of Business 625 COURT STREET INTERVEST BANK BUILDINGS SECOND FLOOR CLEARWATER, FL 33756		Mailing Address 625 COURT STREET INTERVEST BANK BUILDINGS SECOND FLOOR CLEARWATER, FL 33756	
2. Principal Place of Business 3005 SR 590		3. Mailing Address 3005 SR 590	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33759	Country	Zip 33759	Country
5. Name and Address of Current Registered Agent ENGLANDER, LEONARD S 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3005 SR 590, SUITE 200 City CLEARWATER FL Zip Code 33759	
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	
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	Manager / Member Marshall S. Harris 3005 S.R. 590 Suite 200 Clearwater FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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		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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

30007654



04182008 Chg-LLC CR2E083 (11/05)

4. FEI Number 00-3690002 Applied For Not Applicable

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