2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L05000119777

Entity Name: SPRINGVIEW HEIGHTS, LLC

Current Principal Place of Business:

807-B SOUTH ORLANDO AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 947869
MAITLAND, FL 327947869

New Mailing Address:

P.O. BOX 947869
MAITLAND, FL 32794

FEI Number: 20-3963252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, RICHARD B JR
807-B SOUTH ORLANDO AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ROGERS, RICHARD B JR	
Address:	807-B SOUTH ORLANDO AVE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	MGRM	( ) Delete
Name:	PYLE, ALLEN R	
Address:	807-B SOUTH ORLANDO AVE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	MGRM	( ) Delete
Name:	PYLE, BETTY M	
Address:	807-B SOUTH ORLANDO AVE	
City-St-Zip:	WINTER PARK, FL 32789	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD ROGERS MGR 04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date