2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119777

Address:

P.O. BOX 947869

City-St-Zip: MAITLAND, FL 32794

Entity Name: SPRINGVIEW HEIGHTS, LLC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
807 SOU	TH ORLANDO	AVE		
В				
VVIINTERF	PARK, FL 327	89		
Current Mailing Address:			New Mailing Address:	
P.O. BOX MAITLANE	947869 D, FL 32794			
FEI Number:	: 20-3963252	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
807-B SOL	RICHARD B J JTH ORLAND PARK, FL 3278	O AVE		
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:			
	Electror	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	ROGERS, RICH	ORLANDO AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PYLE, ALLEN	ORLANDO AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PYLE, BETTY	ORLANDO AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR () RASMUSSEN.) Delete DAVID R	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DAVID RASMUSSEN MGR 04/22/2009