


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L06000028990 1. Entity Name ALAFIA SPRING LAKE, LLC	
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Principal Place of Business 500 N. WESTSHORE BLVD., SUITE 800 TAMPA, FL 33609	Mailing Address 500 N. WESTSHORE BLVD., SUITE 800 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



03282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-4526126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent JENNEWEIN, JONATHAN P 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA, FL 33602

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRILL, RANDOLPH S 500 N. WESTSHORE BLVD., SUITE 800 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAAD, STEWART M 500 N. WESTSHORE BLVD., SUITE 800 TAMPA, FL 33609
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04/18/07-80071-014 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/07

Date

813-574-1134

Daytime Phone #