

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90004 042 \*\*\*138.75

DOCUMENT # L06000028990

1. Entity Name  
ALAFIA SPRING LAKE, LLC



Principal Place of Business  
500 N. WESTSHORE BLVD., SUITE 800  
TAMPA, FL 33609

Mailing Address  
500 N. WESTSHORE BLVD., SUITE 800  
TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162008 Chg-LLC CR2E083 (12/06)

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

JENNEWAIN, JONATHAN P  
101 EAST KENNEDY BLVD., SUITE 3700  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME MERRILL, RANDOLPH S  
STREET ADDRESS 500 N. WESTSHORE BLVD., SUITE 800  
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGRM ☒ Delete  
NAME SAAD, STEWART M  
STREET ADDRESS 500 N. WESTSHORE BLVD., SUITE 800  
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME William R Merrill  
STREET ADDRESS 500 N. Westshore Blvd., Ste 800  
CITY-ST-ZIP Tampa, FL 33609

TITLE MGR ☐ Change ☒ Addition  
NAME John F. Kravec  
STREET ADDRESS 500 N. Westshore Blvd., Ste 800  
CITY-ST-ZIP Tampa, FL 33609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/08

Date

813-514-1134

Daytime Phone #