

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-19-2007 90065 005 ****50.00

DOCUMENT # L06000044133

1. Entity Name
BLUE SPRING COMMUNITIES, LLC



Principal Place of Business
**1635 E. HIGHWAY 50
SUITE 301
CLERMONT, FL 34711 US**

Mailing Address
**1635 E. HIGHWAY 50
SUITE 301
CLERMONT, FL 34711 US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052007 Chg-LLC CR2E083 (12/06)

City & State
Zip Country

4. FEI Number
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CARRIER, JUSTIN B
1635 E. HIGHWAY 50
SUITE 301
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name **MAX MINHAS**

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

1635 E HWY 50, #301

City **CLERMONT**

FL

Zip Code **34711**

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

(NOTE: Registered Agent signature required when reappointing)

JAN 06 2007

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGRM**
STREET ADDRESS **MINHAS, MAX R**
CITY- ST- ZIP **1635 E. HIGHWAY 50, SUITE 301
CLERMONT, FL 34711**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ 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:

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

JAN 06 2007

Date

352-242-2128

Daytime Phone