


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90048 042 \*\*\*\*50.00

DOCUMENT # L06000075352			
1. Entity Name WILLA SPRINGS 2005, LLC			
Principal Place of Business 12627 SAN JOSE BLVD., #605 JACKSONVILLE, FL 32223		Mailing Address 12627 SAN JOSE BLVD., #605 JACKSONVILLE, FL 32223	
2. Principal Place of Business - No P.O. Box # <i>5570 Florida Mining Blvd.</i>		3. Mailing Address <i>5570 Florida Mining Blvd.</i>	
Suite, Apt. #, etc. <i>Suite 304</i>		Suite, Apt. #, etc. <i>Suite 304</i>	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32257</i>	Country <i>USA</i>	Zip <i>32257</i>	Country <i>USA</i>
04232007 Chg-LLC CR2E083 (12/06)		4. FEI Number <i>76-0213999</i>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
5.00 Additional Fee Required			
8. Name and Address of Current Registered Agent HOWARD A. CAPLAN, ATTORNEY, P.A. 6260 - C DUPONT STATION COURT JACKSONVILLE, FL 32217		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COASTAL RECONSTRUCTION, INC. 12627 SAN JOSE BLVD., #605 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5570 Florida Mining Blvd., #304 JACKSONVILLE, FL 32257</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Don Brewer</i>		Date: <i>4/23/07</i>	Daytime Phone #: <i>904-880-1919</i>

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