2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113730

Current Principal Place of Business:

Entity Name: WELLSPRING REALTY, LLC

FILED Apr 23, 2009 Secretary of State

New Principal Place of Business:

5131 GALL BLVD.

ZEPHRYHILLS, FL 33542

31242 AMBERLEA RD
DADE CITY, FL 33523

Current Mailing Address: New Mailing Address:

P.O. BOX 2769 31242 AMBERLEA RD ZEPHRYHILLS, FL 33539 DADE CITY, FL 33523

FEI Number: 03-0611230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHMIDT, TONI 31242 AMBERLEA RD DADE CITY, FL 33523 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition Name: SCHMIDT, TONI Name:

 Name:
 Schilling F, Torki
 Name:

 Address:
 31242 AMBERLEA RD
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 SCHMIDT, CHRISTOPHER
 Name:

 Address:
 31242 AMBERLEA RD
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 BUTTERFIELD, WAYNE
 Name:

 Address:
 31242 AMBERLEA RD
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

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.

SIGNATURE: TONI SCHMIDT MGR 04/23/2009