
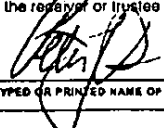


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

1/5

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90019 003 \*\*\*138.75

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # L06000120229</b>   |   |                       |   |
| 1. Entity Name<br>WEST GREEN SPRINGS, LLC  |   |  |   |
| Principal Place of Business<br>7576 SPRING HILL DRIVE<br>SPRING HILL, FL 34606 US  |   | Mailing Address<br>7576 SPRING HILL DRIVE<br>SPRING HILL, FL 34606 US                                  |   |
| 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   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required   |   |
| 01042008 Chg-LLC CR2E083 (12/06)   |   | 4. FEI Number <b>APPLIED FOR 20-8446086</b>  |   |
| Applied For  |   | Not Applicable   |   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent  |   |
| THE HOGAN LAW FIRM<br>20 SOUTH BROAD STREET<br>BROOKSVILLE, FL 34601   |   | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____  |   |  |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DORAN, PETER J<br>7576 SPRING HILL DRIVE<br>SPRING HILL, FL 34606 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:    |   | Date _____ Daytime Phone # _____   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  |   |