

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111322

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: THREE SISTERS SPRINGS HOLDING TWO, LLC

**Current Principal Place of Business:**

3225 S. MACDILL AVENUE, SUITE 129-317  
TAMPA, FL 33629

**New Principal Place of Business:**

2919 WALLCRAFT AVE  
TAMPA, FL 33611

**Current Mailing Address:**

3225 S. MACDILL AVENUE, SUITE 129-317  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 26-1609270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBBINS, R. JAMES JR.  
101 E. KENNEDY BLVD., SUITE 3700  
TAMPA, FL 33602 US

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

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:**

Title: MGR ( ) Delete  
Name: FLOWERS, HARRY C  
Address: 2919 WALLCRAFT AVE  
City-St-Zip: TAMPA, FL 33611

Title: MGR ( ) Delete  
Name: O'BRIEN, MARK J  
Address: PO BOX 18082  
City-St-Zip: TAMPA, FL 33679

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: HARRY C FLOWERS

MGR

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date