2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L95000000588

1. Entity Name

665 HAROLD AVE.

WINTER PARK, FL 32789

COLD SPRINGS COMMUNITIES, L.C. Principal Place of Business Mailing Address

665 HAROLD AVE.

WINTER PARK, FL 32789

FILED Apr 28, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

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

02062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number		Applied For
<u>59-33</u> 29117		Not Applicable
5. Certificate of Status Desire	ed 🗀	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NADER, MICHAEL A 665 HAROLD AVE. WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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8. The above the obligation	named entity submits this statement for the purpose of char- tions of registered agent.	igling its registered office or registered agent, or b	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable. RIDTE Registered Agent schapure require		(NOTE, Registered Agent signature required when reinstalling)	DATE
F	iling Fee is \$50.00 ue by May 1, 2004	(A.C. L. Company of the Company of t	U00000134950
9.	MANAGING MEMBERS/MANAGERS		- 94/28/84 80040 803 50,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ASHLAND HOMES, LLC 665 HAROLD AVE. WINTER PARK, FL 32789		.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NADER, AMY 665 HAROLD AVE. WINTER PARK, FL 32789		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filling does not que on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to exect	ualify for the exemption stated in Section 119.07(3) all have the same legal effect as if made under out the this report as required by Chapter 608, Florida	(f), Florida Statutes, I further certify that the information h, that I am a managing member or manager of the Statutes.