2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L95000000588

1. Entity Name
COLD SPRINGS COMMUNITIES, L.C.



FILED May 25, 2005 08:00 AM Secretary of State

Principal Place of Business

665 HAROLD AVE. WINTER PARK, FL 32789 Mailing Address 665 HAROLD AVE. WINTER PARK, FL 32789



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03282005 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

4. FEI Number 59-3329117 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8.	The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.	ram ramiliar with, and accept
	the obligations of registered agent.	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

SIGNATURE

9.

MANAGING MEMBERS/MANAGERS

Signature, typed or printed name of registered agent and title if applicable

MGRP TITLE ASHLAND HOMES, LLC NAME 665 HAROLD AVE. STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP TITLE NAME NADER, AMY STREET ADDRESS 665 HAROLD AVE. CITY - ST - ZIP WINTER PARK, FL 32789 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DATE

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

*5-20-*05

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