

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90034 007 ***138.75

60037466



DOCUMENT # L95000000588					
1. Entity Name COLD SPRINGS COMMUNITIES, L.C.					
Principal Place of Business 665 HAROLD AVE. WINTER PARK, FL 32789			Mailing Address 665 HAROLD AVE. WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 1501 W. Colonial Dr.		3. Mailing Address P.O. Box 547756			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, FL 32804		City & State Orlando, FL		4. FEI Number 59-3329117	
Zip 32804		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NADER, MICHAEL A 665 HAROLD AVE. WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1501 W. Colonial Dr. City <u>Orlando</u> <u>FL</u> <u>32804</u>			
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 <u>Michael A Nader MGRP</u> DATE <u>4-29-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	1501 W. Colonial Dr. Orlando, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NADER, AMY 665 HAROLD AVE. WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 W. Colonial Dr. Orlando, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Amy S Nader Amy S Nader</u> DATE <u>4-29-08</u> DAYTIME PHONE # <u>407-622-7100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					