

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90207 014 ****55.00

DOCUMENT # **M01000001522**
1. Entity Name
SPRING FOREST PARTNERS, L.L.C.

965837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3825 HENDERSON BLVD** 3. Mailing Address **3825 HENDERSON BLVD**
Suite, Apt. #, etc. **SUITE 207** Suite, Apt. #, etc. **SUITE 207**

DO NOT WRITE IN THIS SPACE

City & State **TAMPA, FL** City & State **TAMPA, FL** 4. FEI Number **59-3728103** Applied For Not Applicable
Zip **33629** Country **U.S.A.** Zip **33629** Country **U.S.A.** 5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **B&C CORP. SVCS. OF CENTRAL FL**
Street Address (P.O. Box Number is Not Acceptable) **370 N. ORANGE AVENUE**
SUITE 1100
City **ORLANDO** FL **32801**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

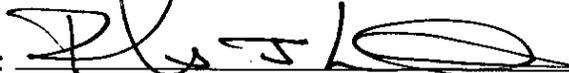
FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS
TITLE **MGR**
NAME **ROBERT J. MARTIN**
STREET ADDRESS **3825 HENDERSON BLVD # 207**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **ROBERT J. MARTIN** 4.30.02 8188991422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)