

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90422 012 ****55.00

DOCUMENT # M01000001522 1. Entity Name SPRING FOREST PARTNERS, L.L.C.			
Principal Place of Business 3825 HENDERSON BLVD STE 207 TAMPA, FL 33629		Mailing Address 3825 HENDERSON BLVD STE 207 TAMPA, FL 33629	
2. Principal Place of Business 7282 55th Ave E		3. Mailing Address 7282 55th Ave E	
Suite, Apt. #, etc. Suite 191		Suite, Apt. #, etc. Suite 191	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34203	Country	Zip 34203	Country
4. FEI Number 59-3728103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 N. ORANGE AVENUE, STE. 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to - Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, ROBERT J 3825 HENDERSON BLVD #207 TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert J. Martin 7282 55th Ave E, Ste 191 Bradenton, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRUBER, DAVID E 1906 BAY RD SARASOTA, FL 34239	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 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, MGR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4.1.05 Daytime Phone #	

20026339



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