## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000000536

1. Entity Name
WELLSPRING PREPARATORY COMPANY, LLC



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 10 AM 9: 08

Principal Place of Business

3850 BROADMOOR SE, STE. 201 GRAND RAPIDS, MI 49512 Mailing Address

3850 BROADMOOR SE, STE. 201 GRAND RAPIDS, MI 49512



02062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2073952

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H ESQ. 37837 MERIDIAN AVE., STE. 314 DADE CITY, FL 33525

## DO NOT WRITE IN THIS SPACE

8. The al	bove named entity submits this statement for the purpose of cha oligations of registered agent.	anging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATU	JRE		
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	LAMBERT, GREG		

STREET ADDRESS 3850 BROADMOOR SE, STE. 201 CITY-ST-ZIP GRAND RAPIDS, MI 49512 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S3-ZIP

200069067372 03/30/06--01062--017 \*\*300.00

## DO NOT WRITE IN THIS SPACE

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:

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

2/7/06

616-222-170

Cate

Daytime Phone #