


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000000728

1. Entity Name
POPULAR SPRINGS REALTY, LLC



Principal Place of Business 2891 HIGHWAY 90 WEST BONIFAY, FL 32425 US	Mailing Address 2401 WHITEHALL PARK DRIVE 1100 CHARLOTTE, NC 28273 US
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01082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MATHIS, CHARLES R JR
 2891 HIGHWAY 90 WEST
 BONIFAY, FL 32425**

DO NOT WRITE IN THIS SPACE

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

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRITCHARD, DAVID T JR 407 NORTH PIKE ROAD, EAST SUMTER, SC 29150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELSER, ROY E 407 NORTH PIKE ROAD, EAST SUMTER, SC 29150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLEOD, FRANK A III 407 NORTH PIKE ROAD, EAST SUMTER, SC 29150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHIS, CHARLES R 2891 HIGHWAY 90 WEST BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/24/08-80034-018 138.75

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: David T Pritchard Date: 1/8/07 Day/Time Phone #: 803-773-5461

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