


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90020 037 ***138.75

DOCUMENT # M05000004698					
1. Entity Name SPRING LAKE DEVELOPMENT LLC					
Principal Place of Business 1522 HERMITAGE LN CAPE CORAL, FL 33914			Mailing Address 25311 O'KEEFE LN LOS ALTOS, CA 94022		
2. Principal Place of Business - No P.O. Box # 25311 O'Keefe Lane		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Los Altos, CA		City & State		4. FEI Number 03-0571658	
Zip 94022		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Gary Walk, Esq. Street Address (P.O. Box Number is Not Acceptable) Casey Ciklin Lubitz et al. 515 N. Flagler Drive, 18th Floor City West Palm Beach FL Zip Code 33401		
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>Gary Walk</u> DATE <u>4/28/08</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	MGR HARRIS, RUSSELL R 25311 O'KEEFE LN LOS ALTOS, CA 94022	<input type="checkbox"/> Delete			
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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>Gary Walk</u> GARY WALK, AUTHORIZED REPRESENTATIVE DATE <u>4/28/08</u> (561) 820-0314 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					