

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90119 001 \*\*\*850.00

**30007208**



02192007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M05000005310</b> 1. Entity Name <b>SS SPRING HILL, LLC</b>					
Principal Place of Business <b>7800 W. SAND LAKE ROAD SUITE 229 ORLANDO, FL 32832</b>			Mailing Address <b>7800 W. SAND LAKE ROAD SUITE 229 ORLANDO, FL 32832</b>		
2. Principal Place of Business - No P.O. Box # <b>7932 W. Sand Lake Road</b> Suite, Apt. #, etc. <b>Suite 108</b> City & State <b>Orlando, FL</b> Zip <b>32819-7249</b>		3. Mailing Address <b>7932 W. Sand Lake Road</b> Suite, Apt. #, etc. <b>Suite 108</b> City & State <b>Orlando, FL</b> Zip <b>32819-7249</b>		4. FEI Number <b>20-3427598</b>	
Country <b>USA</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>O'BRIEN, KURT 5353 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR O'BRIEN, KURT 5353 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786</b> <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	
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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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	