

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90112 041 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000006157

1. Entity Name
MSKP SPRINGS PLAZA, LLC



Principal Place of Business
**9055 IBIS BLVD.
WEST PALM BEACH, FL 33412**

Mailing Address
**9055 IBIS BLVD.
WEST PALM BEACH, FL 33412**

60039510



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
77-0665628

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name
GEORGE SPEER

Street Address (P.O. Box Number is Not Acceptable)

9055 IBIS BOULEVARD

City **WEST PALM BEACH**

FL

Zip Code
33412

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.

GEORGE SPEER

SIGNATURE

Signature, typed or printed name of registered agent and the filer if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

4/19/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BABCOCK FLORIDA COMPANY
9055 IBIS BLVD.
WEST PALM BEACH, FL 33412** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ 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.

STONE W. KITSON, AUTHORIZED REPRESENTATIVE

SIGNATURE:

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

DATE

OR FILING PHONE #

4/19/07 (601) 624-4000