

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUL 13 AM 8:34

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000076**

WELLSPRING RESORUCES, LLC
6707 DEMOCRACY BLVD
SUITE 800
BETHESDA MA 20817

1a. Principal Place of Business Address

~~6707 DEMOCRACY BLVD~~
~~SUITE 800~~
~~BETHESDA MA 20817~~

2. Principal Place of Business

WELLSPRING RESOURCES
Suite, Apt. #, etc.

2a. Mailing Address

8900 FREEDOM COMMERCE PKWY.
Suite, Apt. #, etc.

3. Date Organized or Qualified

03/12/1996

3a. State of Formation

DE

4. FEI Number

52-1963899

☐ Applied For

☐ Not Applicable

5. Date of Last Report

06/16/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

City & State

Zip

Country

City & State

Zip

Country

JACKSONVILLE, FL

32254

US

7. Name and Address of Current Registered Agent

~~C.T. CORPORATION SYSTEM~~
~~1200 SOUTH PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

This is
current

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

SMITH, A W JR.

6707 DEMOCRACY BLVD., #800

BETHESDA MA

MGR

BARDENWERPER, WALTER W

6707 DEMOCRACY BLVD., #800

BETHESDA MA

MGR

HAMMONDS, KEVIN R

8900 FREEDOM COMMERCE PKWY.

JACKSONVILLE, FL

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Kevin R. Hammonds KEVIN R. HAMMONDS

3-20-98

904/791-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #