


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2006 8:00 am
Secretary of State

04-28-2006 90160 050 ***150.00

DOCUMENT # P05000067502 1. Entity Name DUNWOODY SPRINGING MEMBER CORP.					
Principal Place of Business 1730 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33334				Mailing Address 1730 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33334	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2101 W. Commercial Blvd. Suite 2800 Fort Lauderdale, FL 33309 US		4. FEI Number 20-2863700 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04242008 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent FORMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BOULEVARD SUITE 2800 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <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 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMM, KENNETH L 1730 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 W. Commercial Blvd, Suite 2800 Ft. Lauderdale, FL 33309	<input checked="" 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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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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