2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L00000014035

1. Entity Name SPOONBILL PARTNERS, LLC.



Principal Place of Business Mailing Address

20 SPOONBILL RD MANALAPAN, FL 33462

20 SPOONBILL RD MANALAPAN, FL 33462

FILED Apr 12, 2004 08:00 AM Secretary of State



03312004 No Chg-LLC

CR2E083 (10/03)

Fee Required

Daytime Phone #

Date

4. FEI Number	 	Applied For
65-1058960 _	 	Not Applicable
5. Certificate of Status Desired		O Additional

6. Name and Address of Current Registered Agent

WEITZ, ETHAN 20 SPOONBILL RD MANALAPAN, FL 33464

SIGNATURE: 스

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 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Elorida. I am familiar with, and accept the obligations of registered agent. 				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2004			
9,	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEITZ, ETHAN 20 SPOONBILL RD MANALAPAN, FL 33462		U00000109294 04/12/04-80037-019 50.00	
TITLE NAME STREET ADDRESS CITY ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
THE NAME STREET ADDRESS CITY-ST-ZIP		IN .	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with this filling does not of on this report is true and procurate and that my signature shability company or the receiver or trustee empowered to exer	qualify for the enamption stated in Section 119.07(3) half have the same legal effect as it made under oat cute this report as required by Chapter 608, Florida	(i), Florida Statutes, I further certify that the information is that I am a managing member or manager of the Statutes.	