


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

03-12-2004 90225 023 ***150.00

DOCUMENT # L03000031381
 1. Entity Name
SPARTAN MANAGEMENT, LLC



Principal Place of Business
**1449 KELSO BLVD.
 WINDERMERE FL 34786**

Mailing Address
**1449 KELSO BLVD.
 WINDERMERE FL 34786**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1706
 Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip Country
32802 Orange

6. Name and Address of Current Registered Agent
**MURBACH, ROGER S.M.D.
 1449 KELSO BLVD.
 WINDERMERE FL 34786**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

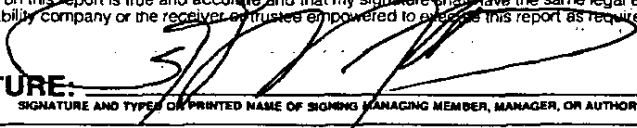
9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURBACH, ROGER S 1449 KELSO BOULEVARD WINDERMERE, FL 34786 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D APPELBLATT, STEVE 838 BRIGHTWATER CIRCLE MAITLAND, FL 32751 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STOCKTON, EDWARD 9062 POINT CYPRESS ORLANDO, FL 32836 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |

11. I 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 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 prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **2/23/04**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



MOORE CR2E083 (11/03)

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