


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90073 050 ****50.00

DOCUMENT # L03000031381

1. Entity Name
SPARTAN MANAGEMENT, LLC



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

Mailing Address
**P O BOX 536125
 ORLANDO, FL 32853**

00041151



2. Principal Place of Business
400 N. Mills Avenue
 Suite, Apt. #, etc.

3. Mailing Address
400 N. Mills Avenue
 Suite, Apt. #, etc.

04192006 Chg-LLC CR2E083 (11/05)

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32803-5722 US

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32803-5722 US

4. FEI Number
20-0169907

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MURBACH, ROGER S M.D.
 1449 KELSO BLVD.
 WINDERMERE, FL 34786**

7. Name and Address of New Registered Agent

Name
Murbach, Roger S M.D.

Street Address (P.O. Box Number is Not Acceptable)
400 N. Mills Avenue

City
Orlando

FL Zip Code
32803-5722

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)

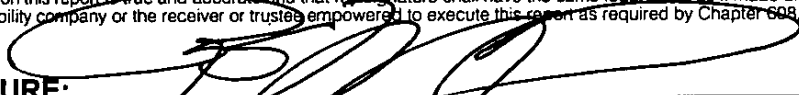
**Filing Fee is \$50.00
 Due by May 1, 2006**

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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURBACH, ROGER S 1449 KELSO BOULEVARD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete APPELBLATT, STEVE 838 BRIGHTWATER CIRCLE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STOCKTON, EDWARD 9062 POINT CYPRESS ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 D Gewolb, Jay 1759 Cocoplum Court Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Smith, David 9138 Bay Point Drive Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Stewart, Matthew 1922 Benhurst Place Maitland, FL 32751

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.

SIGNATURE:  **4/26/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #