2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L03000031381

Entity Name: SPARTAN MANAGEMENT, LLC

Current Principal Place of Business:

400 NORTH MILLS AVENUE
ORLANDO, FL 328035722 US

New Principal Place of Business:

Current Mailing Address:

400 NORTH MILLS AVENUE
ORLANDO, FL 328035722 US

New Mailing Address:

FEI Number: 20-0169907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURBACH, ROGER S M.D.
400 NORTH MILLS AVENUE
ORLANDO, FL 328035722 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	D	( ) Delete
Name:	MURBACH, ROGER S	
Address:	1449 KELSO BOULEVARD	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	D	( ) Delete
Name:	APPELBLATT, STEVE	
Address:	1331 BENEVOLENT ST	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	STOCKTON, EDWARD	
Address:	9062 POINT CYPRESS	
City-St-Zip:	ORLANDO, FL 32836	
Title:	D	( ) Delete
Name:	GEWOLB, JAY	
Address:	1759 COCOPLUM COURT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	( ) Delete
Name:	SMITH, DAVID	
Address:	9138 BAY POINT DRIVE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	STEWART, MATTHEW	
Address:	1922 BENHURST PLACE	
City-St-Zip:	MAITLAND, FL 32751	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY BYLL-PAUL MS. 03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date