2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SPIGOV II, LL.C.  Maring Address SPIGOV II, LL.C.  Maring Address Secretary of State  Maring Address Maring		ANNUAL F	REPORT (AR)		. «FILED
2. Principal Place of Business   3. Malling Address   3. Malling Addre	1. Entity Nam	e	<b>i9</b> 3		Mar 04, 2004 08:00 AM Secretary of State
RENNER LA 70062  ATTINL LEGAL DEPARTMENT SUBJECT COUNTY  S. Mailing Address of Status Act. F. etc.  Subject Country  City & State  City & State  Country  City & State  Country  Country  Country  Country  Country  Country  S. Certificase of Status Desired  A FEI Number S2-2155541  Accidence of Registered Agent  A FEI Number S2-2155541  Accidence of Registered Agent  City & State  A FEI Number S2-2155541  Accidence of Registered Agent  A FEI Number S2-2155541  Accidence of Registered Agent  A SHUTTS & BOWEN  STREET Address (P'O. Box Number (is Not Acceptable))  FEL Now Registered Agent or Product and the purpose of changing its replaced office or registered agent, or Subject is in the East of Florida. I am familiar wink, and accept in the childgenions of registered agent in Subject is in the Country of Product in the Country of Produc	Principal Place of Business		Mailing Address		
Suits, Apt. #, oto.  Suits, Apt. #, etc.  City & State  Ci	2542 WILLIA	AMS BLVD.	2542 WILLIAMS BOUL ATTN: LEGAL DEPAR		
City & State  City & State City & State City & State  City & State Cit	2. Principal Place of Business		3. Mailing Address		
Expression   September   Septe	Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E083 (11/03)
Name and Address of Current Registered Agent	City & Stat	е	City & State		E0 04EEE 44
Name	Zıp	Country	Zip	Country	
STORY TO AUTO A SHUTTS & BOWEN STORY PALM BEACH FL 33401  8. The above named entity submits this statement for the purpose of changing ins registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Defence   Defenc		6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
SHUTTS & BOWEN 250 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH FL 33401  8. The above named entity submits inis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE    Signature lydors or pressure areas of registered agent agent and took indeptions in the state of Florida. I am lamillar with, and accept the obligations of registered agent.    FILE NOW!!! FEE IS \$50.00	CVE	DT DAVID A		Name	
City FL Zip Code  8. The above named only submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature, upon or pretial name of registered agent in apatients agent pro trox a capicastic (MSPE Registered Agent agents)   Code   Cod	SHUTTS & BOWEN		OUTU	Street Addre	ss (P.O. Box Number is Not Acceptable)
R. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  Signature, typos or printed name of registered agent and 16th elliptical. In MOVE flagureur Agent appraisor registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and 16th elliptical. In MOVE flagureur Agent appraisor registered agent, or both, in the State of Florida. I am familiar with, and accept the foreign of the state of Florida and I am familiar with, and accept the foreign of the state of Florida and I am familiar with, and accept the foreign of the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida and I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida agent, or both in the State of Florida. I am familiar with, and accept the state of Florida agent, or both in the State of Florida. I am familiar with, and accept the state of Florida agent, or both in the State of Florida agent, or both in the State of Florida agent, or both in the State of Florida agent, or both, in the State of Florida agent, or both in the State of Florida agent, or both in the State of Florida agent	SHUTTS & BOWEN 250 AUSTRALIAN AVENUE WEST PALM BEACH FL 33-  8. The above named entity submits this statem the obligations of registered agent.				
Signature   Sign		-		City	FL Zip Code
FILE NOTES SUPPLIEVE HOUSES SUPPLIEVE HOUSE SUPPLIEVE HOUSE			for the purpose of changing its	registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State   Due By 1, 2004   Due by 2,	SIGNATURE	Supplying tweed or proted game of registered age	ent and title if applicable (NO)	E Rematered Apent signature red	pured when reinstating) DATE
TITLE NAME SPIAPT, INC. STREET ADDRESS 2542 WILLIAMS BLVD. STREET ADDRESS CITY-ST-ZP  TITLE NAME SPIAPT, INC. STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAM			Make Check Payab	le to Florida Depart	' }
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE	9.	MANAGING MEM	BERS/MANAGERS	10.	
NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	SPIAPT, INC. 2542 WILLIAMS BLVD.	Celete	name Street address	_ · · _ ·
NAME STREET ADDRESS CITY-ST-ZIP  TITLE INAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADGRESS		☐ Defete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY - ST - ZIP  TITLE STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE STREET ADDRESS CITY - ST - ZIP  CITY - ST - ZIP  TITLE STREET ADDRESS CITY - ST - ZIP	NAME STREET ADDRESS		☐ Delete	name Street address	☐ Change ☐ Addition
NAME STREET ADDRESS GITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TOTALE NAME STREET ADDRESS CITY - ST - ZIP  CHANGE STREET ADDRESS CITY - ST - ZIP  CITY - ST - ZIP	NAME STREET ADDRESS		☐ Delete	name Street address	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP NAME CITY-ST-ZIP	NAME STREET ADDRESS		□ Detele	NAME STREET ADDRESS	☐ Change ☐ Addition
	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	

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 execute this report as required by Chapter 608, Florida Statutes.
SPIAPT, INC.
SIGNATURE. By: James W. Brodie, Vice Pres. 2/3/04 (504) 471-6200