2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED DOCUMENT # L99000001593 Feb 22, 2005 08:00 AM **Secretary of State** 1. Entity Name SPIGOV II, L.L.C. Principal Place of Business Mailing Address 2542 WILLIAMS BLVD. 2542 WILLIAMS BOULEVARD ATTN: LEGAL DEPARTMENT KENNER, LA 70062 KENNER, LA 70062 01112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2155541 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent GART, DAVID A DO NOT WRITE SHUTTS & BOWEN 250 AUSTRALIAN AVENUE SOUTH IN THIS SPACE WEST PALM BEACH, FL 33401 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME SPIAPT, INC. STREET ADDRESS 2542 WILLIAMS BLVD. CITY-ST-ZIP KENNER, LA 70062 HUUMUU238922 TITLE U2/22/05-80021-006 55.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

Thomas A. Masilia, JR 1/18/05 504/471.6200