

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000005708

1. Entity Name
SPIRIT ENERGY, L.L.C.



Principal Place of Business
**50 SOUTH BEMISTON AVE.
ST. LOUIS, MO 63105**

Mailing Address
**50 SOUTH BEMISTON AVE.
ST. LOUIS, MO 63105**



04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
43-1773732

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SITE OIL COMPANY OF MISSOURI
STREET ADDRESS	50 SOUTH BEMISTON AVE.
CITY-ST-ZIP	ST. LOUIS, MO 63105

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

U00000557807
05/01/06-80069-005 50.00

U00000557807
05/17/06-80069-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

By Site Oil Company of Missouri
SIGNATURE: A Member *Eldon Schuch*

4/24/06

314-725-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #