

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000181

1. Entity Name
SPF HOLDINGS, LLLP



Principal Place of Business
**832 FLEMING DRIVE
BELLE GLADE, FL 33430**

Mailing Address
**P.O. BOX 1597
BELLE GLADE, FL 33430**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
04-3602179

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOWICKI, MARK J ESQ.
14155 U.S. HIGHWAY ONE, SUITE 210
JUNO BEACH, FL 33408**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

9. Capital Contributions
as Shown on record. **\$6,086,420.00**

10. Amount of Capital Contributions
in FLORIDA to date. **1,360,913**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**STEVENS, PATRICIA C TRUSTEE
P.O. BOX 1597
BELLE GLADE, FL 33430**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**STEVENS, FREDERICK D TRUSTEE
P.O. BOX 1597
BELLE GLADE, FL 33430**

STREET ADDRESS
CITY-ST-ZIP

**U00000087297
03/15/04-80005-018 526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**STEVENS, JOHN M
P.O. BOX 642
BELLE GLADE, FL 33430**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MCMILLAN, SUSAN
721 TABIT ROAD
BELLE GLADE, FL 33430**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

Patricia C. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-24-04

Date

Daytime Phone #

STAPLE CHECK HERE