2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000181

1. Entity Name
SPF HOLDINGS, LLLP

Principal Place of Business	Mailing Address
832 FLEMING DRIVE BELLE GLADE, FL 33430	P.O. BOX 1597 BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

03212006 No Chg-LP CR2E003 (11/05)

4. FEI Number
04-3602179
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENS, JOHN
832 FLEMING DRIVE
BELLE GLADE, FL 33430

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

000000479277
04/08/06-80042-004 500.00

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

DOCUMENT #	
NAME	STEVENS, PATRICIA C TRUSTEE
STREET ADDRESS	P.O. BOX 1597
CITY-ST-ZIP	BELLE GLADE, FL 33430
DOCUMENT #	
NAME	STEVENS, FREDERICK D TRUSTEE
STREET ADDRESS	P.O. BOX 1597
CITY-ST-ZIP	BELLE GLADE, FL 33430
DOCUMENT #	
NAME	STEVENS, JOHN M
STREET ADDRESS	P.O. BOX 642
CITY-ST-ZIP	BELLE GLADE, FL 33430
DOCUMENT #	
NAME	MCMILLAN, SUSAN
STREET ADDRESS	721 TABIT ROAD
CITY-ST-ZIP	BELLE GLADE, FL 33430
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: John M. Stevens 3/21/06 561-996-5612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #