2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 10, 2007 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

01052007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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, 2007, Fee will be $900.00

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	

U00000581500
01/10/07-80088-021 500.00

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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 1/8/07 561-996-5612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #