

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000181

**Entity Name:** SPF HOLDINGS, LLLP

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

832 FLEMING DRIVE  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1597  
BELLE GLADE, FL 33430

**New Mailing Address:**

P.O. BOX 1785  
BELLE GLADE, FL 33430

**FEI Number:** 04-3602179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEVENS, JOHN  
832 FLEMING DRIVE  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: STEVENS, JOHN M  
Address: P.O. BOX 642  
City-St-Zip: BELLE GLADE, FL 33430

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: MCMILLAN, SUSAN  
Address: 721 TABIT ROAD  
City-St-Zip: BELLE GLADE, FL 33430

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

GP

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date