FILED
May 24, 2002 8:00 am
Secretary of State
04-30-2002 90133 016 ****55.00

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DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005749

1. Entity Name
SPARTAN ADVISORS, LLC
tax id-59-3653019

Principal Place of Business	Mailing Address
% THOMAS P. MCNAMARA, ESQ. 2909 BAY-TO-BAY BOULEVARD, SUITE 309 TAMPA FL 33629	% THOMAS P. MCNAMARA, ESQ. 2909 BAY-TO-BAY BOULEVARD, SUITE 309 TAMPA FL 33629

2. Principal Place of Business	3. Mailing Address
405 Central Ave	405 Central Ave
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33701 Country USA	Zip 33701 Country USA

4. FEI Number 59-3653019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P
% THOMAS P. MCNAMARA, ESQ.
2909 BAY-TO-BAY BOULEVARD, SUITE 309
TAMPA FL 33629

7. Name and Address of New Registered Agent

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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELDRED, MICAH J 510 OLD HICKORY BLVD. #1117 NASHVILLE TN 37209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	405 Central Ave Ste 202 St. Petersburg, FL 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [signature] 3/28/02 727-502-0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #