

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001564**

1. Entity Name  
**SPRAGUE CAPITAL, LLC**



Principal Place of Business  
**2720 DELMAR DR  
GULF BREEZE, FL 32563**

Mailing Address  
**1333 COLLEGE PKWY, # 125  
GULF BREEZE, FL 32563**



04282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3695406**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HIGHTOWER, DAVID E  
3 WEST GARDEN ST., STE. 700  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SPRAGUE, GOLDON J
STREET ADDRESS	2720 DELMAR DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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100000559269  
05/17/06-80132-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:** *Arthur D. Sprague*

*4/28/06*

*850 934 0738*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #