2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L01000009390

Entity Name: SPANKY INVESTMENTS, LLC

Current Principal Place of Business:

4145 SOUTH FEDERAL HIGHWAY
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

4145 SOUTH FEDERAL HIGHWAY
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 04-3639298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JETSON, JOHN T
4145 SOUTH FEDERAL HIGHWAY
FORT PIERCE, FL 34982 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JETSON, JOHN T
Address: 4145 S. US 1
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM ( ) Delete
Name: FLYNN, BETTY
Address: 334 ASHLEY ST.
City-St-Zip: FT. PIERCE, FL 34982

Title: MGRM ( ) Delete
Name: HAYWARD, MATTHEW R
Address: 25 PARK AVENUE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: HAYWARD, MATTHEW R
Address: 25 PARK AVENUE
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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: MATTHEW R. HAYWARD MGRM 01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date