

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90175 038 ****55.00

DOCUMENT # L01000013825

1. Entity Name

SPRUCE RIVER VENTURES, LLC



Principal Place of Business

Mailing Address

9853 N. TAMiami TRAIL
SUITE 202
NAPLES, FL 34108

9853 N. TAMiami TRAIL
SUITE 202
NAPLES, FL 34108



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3743549

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGUDUI, BEN M
544 BAY VILLAS LANE
NAPLES FL 34108

Name ROGER O. ISPHORDING

Street Address (P.O. Box Number is Not Acceptable)
240 NOKOMIS AVE. #200

City VENICE,

FL

Zip Code 33285

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]

(NOTE: Registered Agent signature required when reinstating)

3-1-07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGR
STREET ADDRESS BERGAOUI, BEN M
CITY - ST - ZIP 544 BAY VILLA LANE
NAPLES FL 34108 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

[Signature] BEN M. BERGAOUI (239) 293-4884.

Date

Daytime Phone #