


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90034 033 ***138.75

DOCUMENT # L01000014583			
1. Entity Name S & P MANAGEMENT OF FLORIDA, L.L.C.			
Principal Place of Business PO BOX 1165 DAPHNE, AL 36526		Mailing Address 2866 Y DAUPHIN ST MOBILE, AL 36606	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 1165</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>DAPHNE, AL</i>	
Zip	Country	Zip <i>36526</i>	Country <i>US</i>
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Patrick F. James, Sr.</i> DATE: <i>4/25/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES, PATRICK F SR. P.O. BOX 1165 DAPHNE, AL 36526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Patrick F. James, Sr.</i>		Date: <i>4/25/08</i> Daytime Phone #: <i>251-447-0035</i>	