

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000006305

1. Entity Name
SPIRIT INVESTMENTS, LLC



Principal Place of Business
30403 ORANGE DR.
LEESBURG, FL 34748

Mailing Address
30403 ORANGE DR.
LEESBURG, FL 34748



01182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0424591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADY, BETTY C
30403 ORANGE DR.
LEESBURG, FL 34748

**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, 2005**

1100000314351
04/18/05-80160-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, BETTY C 30403 ORANGE DR. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADY, RONALD E JR 2030 SEPLER DR CASSELBERRY, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADY, EARNEST A III 1158 CITRUS OAKS RUN WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Betty C. Brady*

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

Date

Daytime Phone #

April 10, 2005 352-315-0979