

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006305

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: SPIRIT INVESTMENTS, LLC

**Current Principal Place of Business:**

30403 ORANGE DR.  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

30403 ORANGE DR.  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 03-0424591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRADY, BETTY C  
30403 ORANGE DR.  
LEESBURG, FL 34748 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: MGR ( ) Delete  
Name: BRADY, BETTY C  
Address: 30403 ORANGE DR.  
City-St-Zip: LEESBURG, FL 34748

Title: VP ( ) Delete  
Name: BRADY, RONALD E JR  
Address: 2030 SEPLER DR  
City-St-Zip: CASSELBERRY, FL 32730

Title: VP ( ) Delete  
Name: BRADY, EARNEST A III  
Address: 1156 CITRUS OAKS RUN  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BETTY C. BRADY

MGR.

02/19/2009

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