

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019004

Entity Name: SPIRIT OF NEW ZEALAND LLC

FILED  
Jan 23, 2005  
Secretary of State

**Current Principal Place of Business:**

90 GREEN POINT CIRCLE  
PALM BEACH GARDENS, FL 334188040

**New Principal Place of Business:**

**Current Mailing Address:**

90 GREEN POINT CIRCLE  
PALM BEACH GARDENS, FL 334188040

**New Mailing Address:**

FEI Number: 54-2105339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCHROEDER, E. SCOTT  
3300 PGA BLVD.  
GARDENS PLAZA, STE. 500  
PALM BEACH GARDENS, FL 33410 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: FROST, CARL S MGR  
Address: 90 GREEN POINT CIRCLE  
City-St-Zip: PALM BEACH GARDNES, FL 33418 US

Title: MGR ( ) Delete  
Name: CRANMER, BANY  
Address: 15671 115TH AVE NORTH  
City-St-Zip: JUPITER, FL 33478

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: CORDEAU, DIANE  
Address: 90 GREEN POINT CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARL S FROST

MGR

01/23/2005

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