

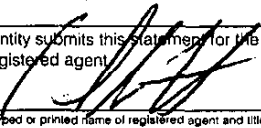
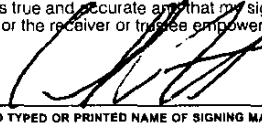


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90159 029 \*\*\*\*50.00

<b>DOCUMENT # L02000019004</b> 1. Entity Name <b>SPIRIT OF NEW ZEALAND LLC</b>					
Principal Place of Business <b>1165 E. BLUE HERON BLVD.</b> <b>#A</b> <b>RIVIERA BEACH, FL 33404</b>			Mailing Address <b>1165 E. BLUE HERON BLVD.</b> <b>#A</b> <b>RIVIERA BEACH, FL 33404</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. <b>1165 E. Blue Heron, Ste K</b> City & State <b>Riviera Beach, FL</b> Zip <b>33404</b>		3. Mailing Address  Suite, Apt. #, etc. <b>1165 E. Blue Heron Blv. Ste K</b> City & State <b>Riviera Beach, FL</b> Zip <b>33404</b>			
Country <b>Palm Beach</b>		Country <b>Palm Beach</b>		01252007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>54-2105339</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FROST, CARL S</b> <b>1165 E. BLUE HERON BLVD.</b> <b>#A</b> <b>RIVIERA BEACH, FL 33404</b>			7. Name and Address of New Registered Agent Name <b>Frost, Carl S</b> Street Address (P.O. Box Number is Not Acceptable) <b>1165 E. Blue Heron Blvd. Ste K</b> <b>Riviera Beach,</b> City <b>FL</b> Zip Code <b>33404</b>		
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  <b>Carl S Frost Manager 29 Jan 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROST, CARL S MGR 1165 E. BLUE HERON BLVD. RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1165 E. Blue Heron Blvd. Ste K	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORDEAU, DIANE 1165 E. BLUE HERON BLVD. RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1165 E. Blue Heron Blvd. Ste K	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>Carl S Frost Manager Jan 29, 2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date <b>5/1/2007</b> Telephone <b>4301</b>					