


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000020735</b> 1. Entity Name SPRANGER ENTERPRISES, L.L.C.	
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Principal Place of Business 623 N 50TH ST TAMPA, FL 33619	Mailing Address 623 N 50TH ST TAMPA, FL 33619
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**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-LLC      CR2E083 (10/03)

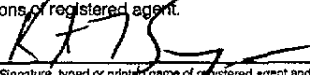
4. FEI Number 54-2068931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SPRANGER, KURT  
623 N 50TH ST  
TAMPA, FL 33619

**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:       DATE: 3/18/04

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

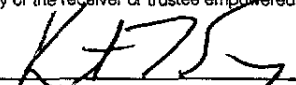
Filing Fee is \$50.00  
Due by May 1, 2004

U00000093745  
03/22/04-80031-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPRANGER, KURT T 1815 WEST WATROUS AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPRANGER, MALIA K 1815 WEST WATROUS AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:       DATE: 18 Mar 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #