

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90609 028 \*\*\*\*55.00

0033931

**DOCUMENT # L02000020735**

1. Entity Name  
**SPRANGER ENTERPRISES, L.L.C.**



Principal Place of Business      Mailing Address

**1815 WEST WATROUS AVE.  
TAMPA FL 33606**      **1815 WEST WATROUS AVE.  
TAMPA FL 33606**

2. Principal Place of Business      3. Mailing Address

**623 N. 50th St.**      **623 N. 50th St**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Tampa FL**      **Tampa FL**

Zip      Country      Zip      Country

**33619 USA**      **33619 USA**

4. FEL Number      Applied For

**54-2068931**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOBBY, CLARKE G  
109 N. BRUSH ST., SUITE 440  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name      **KURT SPRANGER**

Street Address (P.O. Box Number is Not Acceptable)

**623 N. 50th St**

City      State      Zip Code

**Tampa FL 33619**

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      **KURT T. SPRANGER**      **KTS**      DATE      **17 Mar 03**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>SPRANGER, KURT T</b>	
STREET ADDRESS	<b>1815 WEST WATROUS AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>SPRANGER, MALIA K</b>	
STREET ADDRESS	<b>1815 WEST WATROUS AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:      **SIGNATURE REQUIRED**      **17 Mar 03**      **813 248 2000**

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

CR2E083 (10/02)