

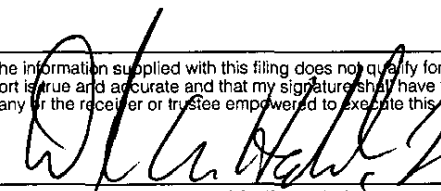


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90017 005 ****50.00

DOCUMENT # L02000022351					
1. Entity Name SPPG LIMITED COMPANY					
Principal Place of Business 1025 N. FEDERAL HWY. US 1 LAKE PARK, FL 33403			Mailing Address 1025 N. FEDERAL HWY. US 1 LAKE PARK, FL 33403		
2. Principal Place of Business 1017 N. Federal Hwy. (US 1)		3. Mailing Address 217 Peruvian Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202004 Chg-LLC CR2E083 (10/03)	
City & State Lake Park, FL		City & State Palm Beach, FL		4. FEI Number 54-2103643	
Zip 33403		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLDER, DOUGLAS JR 1025 N. FEDERAL HWY. US 1 LAKE PARK, FL 33403				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGRM NAME GOMEZ, ANDREA STREET ADDRESS 1017 N. FEDERAL HWY. CITY-ST-ZIP LAKE PARK, FL 33403	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME HOLDER, DOUGLAS A JR STREET ADDRESS 529 S. FLAGLER DR. #11-E CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 217 Peruvian Avenue, Suite 2 Palm Beach, FL 33480	<input checked="" 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
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 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:  Douglas A. Holder, Jr. 4/20/04 561-805-7660					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					