

## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## **DOCUMENT # L02000024219**

1. Entity Name
SPS OFFICE BUILDING, LLC



Principal Place of Business Mailing Address

777 N. HIGHWAY A1A, STE. 201 INDIALANTIC, FL 32903

777 N. HIGHWAY A1A, STE. 201 INDIALANTIC, FL 32903

## **FILED** Apr 05, 2004 08:00 AM Secretary of State



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-2942678

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNS, THOMAS M 777 N, HIGHWAY A1A, STE. 201 INDIALANTIC, FL 32903

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered age	nt, or both, in the State of Flor		vith, and accept
SIGNATURE  Signature, typed or printed name of registered agent and talls if applicable.		(NOTE, Registered Agent signature required when refrigialing) — DATE			
Fi Di	ling Fee is \$50.00 ue by May 1, 2004		A PROPERTY OF THE PROPERTY OF		<del> </del>
9.	MANAGING MEMBERS/MANAGERS		· / · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CRY-ST-ZP	P DOWNS, THOMAS M 777 N HWY A1A STE 201 INDIALANTIC, FL 32903		U30000 04/05/04-1	[0404 <b>4</b>	
Title Name Street Address City-St-&P	* * * * * * * * * * * * * * * * * * * *		104/05/04-1	30081-010	50.00
Title Name Street adoress City-SI-JP	•		DO NOT W	RITE	
title name strlet address city-st-zip			IN THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· –		
11. I hereby of indicated limited liab	pertify that the information supplied with this filling does not on this report is true and abcurate and that my signature shalling company or the receiver or trustee empowered to execute	puality for the exemption stated in Section 1 all have the same legal effect as if made ur oute this report as required by Chapter 608,	19.07(3)(i), Florida Statutes. I nder cath; that I am a managi Florida Statutes.	urther certify that t ng member or mar	he information nager of the