2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State
06-09-2004 90222 007 ***450.00

DOCUMENT # L02000027247

1. Entity Name
SPINELLI LAND HOLDINGS, LLC

14023677

Principal Place of Business	Mailing Address
3927 ARNOLD AVENUE NAPLES, FL 34104	3927 ARNOLD AVENUE NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

03202003 No Chg-LLC CR2E083 (10/03)

4. FEI Number
37-1445249

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, MARK J ESQ.
ROETZEL & ANDRESS
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES, FL 34103

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

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	SPINELLI, WILLIAM
STREET ADDRESS	3927 ARNOLD AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VSD
NAME	SPINELLI, THOMAS JR
STREET ADDRESS	3927 ARNOLD AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	SULLIVAN, THOMAS E
STREET ADDRESS	3927 ARNOLD AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: W. Spinelli 5/26/04 (239) 435-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #