

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	

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

14023677



03202003 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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.

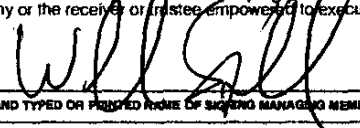
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPINELLI, WILLIAM 3927 ARNOLD AVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SPINELLI, THOMAS JR 3927 ARNOLD AVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, THOMAS E 3927 ARNOLD AVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  5/28/04 (239)435-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #