

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000030121**

1. Entity Name  
**SPYGLASS WEST, LLC**



Principal Place of Business  
**931 STRATFORD PL.  
MELBOURNE, FL 32940**

Mailing Address  
**931 STRATFORD PL.  
MELBOURNE, FL 32940**



04132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**46-0510677**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RICHARDSON, BARRY F  
931 STRATFORD PL.  
MELBOURNE, FL 32940**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000113607  
04/15/04-80016-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, BARRY F 931 STRATFORD PL. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDUST, RICK A 7630 N. WICKHAM RD. STE.102 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPENCER, GARY 806 SPANISH WELLS DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOOLEY, DAVID R 653 CANDLEWOOD WAY MELBOURNE, FL 32940
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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/04 321-254-9145  
Date Daytime Phone #