2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000031344

1. Entity Name
SPIRITED AGEING, LLC

Principal Place of Business
232 DEER HAVEN DR.
PONTE VEDRA BEACH, FL 32082

Mailing Address
232 DEER HAVEN DR.
PONTE VEDRA BEACH, FL 32082

01102005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
55-0810239
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WENGER, BARBARA C
232 DEER HAVEN DR.
PONTE VEDRA BEACH, FL 32082

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a. 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. The registered agent accepts 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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	PT
NAME	WENGER, BARBARA C
STREET ADDRESS	232 DEER HAVEN DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VPS
NAME	WENGER, KLAUS E
STREET ADDRESS	232 DEER HAVEN DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/05-80051-021 50.00

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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: Barbara C Wenger 1/8/05 904 273-0657
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE