

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90231 049 \*\*\*\*50.00



<b>DOCUMENT # L0300026107</b>	
1. Entity Name <b>SPIRIT ONE, LLC</b>	
Principal Place of Business <b>1011 SEVILLE PLACE ORLANDO FL 32804</b>	Mailing Address <b>1011 SEVILLE PLACE ORLANDO FL 32804</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number <b>73-1674123</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HARRISON, CHARLES R ESQ. 1413 TROVILLON AVENUE WINTER PARK FL</b>		7. Name and Address of New Registered Agent	
		Name <b>Kevin C. DeBeus</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1011 Seville Place</b>	
		City <b>ORLANDO</b>	
		State <b>FL</b>	Zip Code <b>32804</b>

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 *Kevin C. DeBeus* **Kevin C. DeBeus** President/Director **1-27-04**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>President/Treasurer D Kevin C. DeBeus 1011 Seville Place ORL. FL. 32804</b>	
		<b>Vice President D Patricia W. DeBeus 1011 Seville Place ORL. FL. 32804</b>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kevin C. DeBeus* **Kevin C. DeBeus** **1-27-04** **407-843-3889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #