

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90108 008 \*\*\*\*50.00

**DOCUMENT # L03000028082**

1. Entity Name  
SPR, LLC



Principal Place of Business  
212 12TH STREET  
PORT ST. JOE, FL 32456 US

Mailing Address  
212 12TH STREET  
PORT ST. JOE, FL 32456 US

24009871



2. Principal Place of Business  
122 Cabell Dr  
Suite, Apt. #, etc.

3. Mailing Address  
122 Cabell Dr  
Suite, Apt. #, etc.

01092004 Chg-LLC CR2E083 (10/03)

City & State  
Port St. Joe FL

City & State  
Port St. Joe FL

4. FEI Number 16-1681904  
Applied For  
Not Applicable

Zip 32456 Country

Zip 32456 Country

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

6. Name and Address of Current Registered Agent

MAGIDSON, MEL C JR.  
528 6TH STREET  
PORT ST. JOE, FL 32456

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMMOND, MICHAEL L 6987 HIGHWAY 71 PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DAVID A 212 12TH STREET PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICH, DAVID C P.O. BOX 248 WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSTIN, MARK 109 MIMOSA AVE. PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Smith, David A 122 Cabell Dr Port St Joe FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:**

*Amelia Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-9-04 (850) 227-1133