2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028082

Entity Name: SPR, LLC

Address:

City-St-Zip:

109 MIMOSA AVE.

PORT ST. JOE, FL 32456

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
122 CABEL PORT ST.	LL DR JOE, FL 32456	US		
Current Mailing Address:			New Mailing Address:	
122 CABEL PORT ST.	_L DR. JOE, FL 32456	US		
FEI Number:	16-1681904	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
528 6TH S	N, MEL C JR. TREET JOE, FL 32456	US		
The above in the State		omits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUR	RE:			
	Electronic	Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () De HAMMOND, MICH. 6987 HIGHWAY 7 PORT ST. JOE, FL	AEL L 1	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete SMITH, DAVID A 122 CABELL DR. PORT ST. JOE, FL 32456 US		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () De RICH, DAVID C P.O. BOX 248 WEWAHITCHKA, I		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () De	elete	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: DAVID A SMITH MGRM 04/30/2005