2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L03000028082

Entity Name: SPR, LLC

Current Principal Place of Business:

122 CABELL DR
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

122 CABELL DR.
PORT ST. JOE, FL 32456 US

New Mailing Address:

FEI Number: 16-1681904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAMMOND, MICHAEL L
Address: 6987 HIGHWAY 71
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM ( ) Delete
Name: SMITH, DAVID A
Address: 122 CABELL DR.
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM ( ) Delete
Name: RICH, DAVID C
Address: P.O. BOX 248
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: MGRM ( ) Delete
Name: COSTIN, MARK
Address: 109 MIMOSA AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SMITH, DAVID A
Address: 122 CABELL DR
City-St-Zip: PORT ST JOE, FL 32456 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DAVID A SMITH MGRM 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date