

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028082

FILED  
Apr 30, 2010  
Secretary of State

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:**

122 CABELL DR  
PORT ST. 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:**

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

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

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

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

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

I hereby 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

04/30/2010

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