

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90035 034 \*\*\*\*50.00

**DOCUMENT # L03000031381**

1. Entity Name  
**SPARTAN MANAGEMENT, LLC**



Principal Place of Business  
**400 NORTH MILLS AVENUE  
ORLANDO, FL 32803-5722 US**

Mailing Address  
**400 NORTH MILLS AVENUE  
ORLANDO, FL 32803-5722 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-0169907**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURBACH, ROGER S M.D.  
400 NORTH MILLS AVENUE  
ORLANDO, FL 32803-5722**

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **D** ☐ Delete  
NAME **MURBACH, ROGER S**  
STREET ADDRESS **1449 KELSO BOULEVARD**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **APPELBLATT, STEVE**  
STREET ADDRESS **838 BRIGHTWATER CIRCLE**  
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☒ Change ☐ Addition  
NAME **APPELBLATT, STEVE**  
STREET ADDRESS **1331 BENEVOLENT STREET**  
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☐ Delete  
NAME **STOCKTON, EDWARD**  
STREET ADDRESS **9062 POINT CYPRESS**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GEWOLB, JAY**  
STREET ADDRESS **1759 COCOPLUM COURT**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SMITH, DAVID**  
STREET ADDRESS **9138 BAY POINT DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STEWART, MATTHEW**  
STREET ADDRESS **1922 BENHURST PLACE**  
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

Date

Daytime Phone #

**4/2/07**

**407-872-2244 x109**