


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

04-02-2004 90254 036 ****50.00

DOCUMENT # L03000031895					
1. Entity Name SPARTABUCKS, LLC					
Principal Place of Business 1183 THIRD STREET SOUTH NAPLES, FL 34102			Mailing Address 1183 THIRD STREET SOUTH NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 07232004 Chg-LLC CR2E083 (10/03) </div>					
4. FEI Number 05-0583873				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRATT, CALVIN J 1183 THIRD STREET SOUTH NAPLES, FL 34102			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: _____			8/7/04 239-591-2620		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

Attachment
3400980
HL030000318

SPARTABUCKS, LLC.
1110 Jung Boulevard East
Naples, FL 34120-3438

THE BANK OF THE KEYS
NAPLES, FL 34109
813/231-670

3076

24033165

3/24/2004

PAY TO THE
ORDER OF

Florida Department of State

\$**50.00

Fifty and 00/100*****

DOLLARS

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

TWO SIGNATURES REQUIRED

MEMO 2004 Limited Liability Annual Report

Calvin J. Pratt

⑈003076⑈ ⑈067009280⑈730100093406⑈

⑈0000005000⑈

Item Number: 3076 Date: 04/07/2004 Amount: \$50.00



Wentzel, Berry, Wentzel & Phillips, P.A.
Certified Public Accountants

August 6, 2004

Dear Sir or Madam:

This report was returned and we have made the appropriate changes.
Your office retained the check. Please apply to this outstanding report.

Sincerely,

Deborah L. Harvey
Deborah L. Harvey
Certified Public Accountant