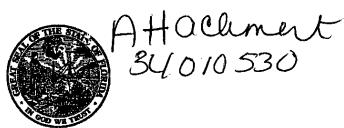
FILED Sep 23, 2004 8:00 am Secretary of State 09-09-2004 90073 032 ****50.00

9/9/

DOCUMENT # L03000034602 1. Entity Name SPARTAN 2, LLC					09-09-2004 90073 032 ****50.00			
Principal Place of Business Mailing Address 5005 SAN JOSE STREET TAMPA, FL 33629 TAMPA, FL 33629						3401 	0530 HUMBAU	MAAR
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09032004	Chg-LL.C Cl	R2E083 (10/03)	
City & State		City & State			4 FEI Numb 0437	74738	<u> </u>	plied For Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	\$5.00 Add Fee Required	itionel 1
	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New Regist	ered Agent	
SPIEGEL & UTRERA, P.A.								
1840 SW 2 4TH FLOO				-Street Address	(P.O. Box Numb	per is Not Acceptable)		
MIAMI, FL				City			FL Zip Cod	8
A. The shove	named entity submits this statement fo	or the nurnose of changing its	register	<u> </u>	red agent or b	oth in the State of Florida.	FL	
	ons of registered agent.	or bio purpose or arranging its	,	,			1'	
SIGNATURE _	Signalute, typed or printed name of registered egent	and title il applicable. (NOI	E Registers	d Agent signeture requir	ed when reinstating)		DATE	
Fili Due b	ing Fee is \$50.00 ry September 8, 2004		•	ı			eck payable to partment of Stat	в
9.	MANAGING MEMBI	ERS/MANAGERS	10.	<u> </u>		ADDITIONS/CHA	NGES	
TITLE NAME	MGR STOVER, WILLIAM	☐ Delate	TITL NAA				Change	Addition
STREET ADDRESS CITY-ST-ZIP	5005 SAN JOSE STREET TAMPA, FL 33629		STR	EET ADDRESS Y-ST-ZIP			•	}
TITLE	MGR	☐ Delete	101				☐ Change	Addition
NAME STREET ADDRESS	DAY, STEVE 5005 SAN JOSE STREET		NA) Str	NE EET ADDRESS				
CITY-ST-ZIP	TAMPA, FL. 33629.		_	Y-ST-ZIP			Change	
TITLE NAME	PEREZ, ROBERT	☐ Delete	TITI	ME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	5005 SAN JOSE STREET TAMPA, FL 33629			REET ADDRESS Y-ST-ZIP				
TITLE		☐ Delete	ta	LE			☐ Change	☐ Addition
NAME STREET ADDRESS				ME REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE NAME		☐ Deleta	TIT NA	LE Me		•	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			ST	REET ADORESS TY-ST-ZIP-		••		
TITLE		☐ Delets	ПП				☐ Change	Addition
NAME STREET ADORESS			1	ME Reet address				}
CITY-ST-ZIP		·		TY-ST-ZIP				i
	certify that the information supplied wi	th this filing does not qualify to d that my signature shall hav	e the san	emption stated in	l made under or	ath: that I am a managing	her certify that the member or manage	information er of the
indicated	ability company or the receiver or trust	ee empowered to execute thi	is report a	as required by Ch	apter 608, Florid	a Statutes.	_	l I



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 10, 2004

SPARTAN 2, LLC 5005 SAN JOSE STREET TAMPA, FŁ 33629 Fei 043774738

Subject: SPARTAN 2, LLC

Reference Number

_L03000034602

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Compartions at (850) 245 6051

Division of Corporations at (850) 245-6051.

/bg ANNUAL REPORTS SECTION