## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000049726

1. Entity Name

SPAFFORD AVENUE, LLC



Principal Place of Business

11585 US HIGHWAY 1 C/O MARK HOLMES

NORTH PALM BEACH, FL 33408

Mailing Address

11585 US HIGHWAY 1 C/O MARK HOLMES NORTH PALM BEACH, FL 33408

## FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90041 046 \*\*\*\*50.00



02242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0450981 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMES, MARK E 11585 US HWY 1

PALM BEACH GARDENS, FL 33408

DO NOT WRITE IN THIS SPACE

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  Namk E. Holmes  4-1-06			
SIGNATURE		red Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 . Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY ST-ZIP	MGR HOLMES, MARK E 11585 US HIGHWAY 1 NORTH PALM BEACH, FL 33408		·
TITLE NAME STREET ADDRESS CITY+ST+ZIP	MGR KOHLMEYER, CLAYTON E 11585 US HIGHWAY 1 NORTH PALM BEACH, FL 33408	DO NOT WRITE IN THIS SPACE	
HILE HAME SIREET ADDRESS CITY ST ZIP	MGR KOHLMEYER, ANN M 11585 US HIGHWAY 1 NORTH PALM BEACH, FL 33408		
NAME SIREET ADDRESS CITY ST-ZIP	MGR HOLMES, KAREN 11585 US HIGHWAY 1 NORTH PALM BEACH, FL 33408		
NAME STREET ADDRESS CITY ST-ZIP			
NAME STREET ADDRESS CITY ST 72P			!

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 recover or trustee economered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:///

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

Date

Dayterie Phone #