## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000049726

Entity Name: SPAFFORD AVENUE, LLC

FILED Mar 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

680 W INDUSTRIAL AVE, 4 680 W INDUSTRIAL AVE, 4 BOYNTON BEACH, FL 33426 US

Current Mailing Address: New Mailing Address:

C/O M.Y. FUTURE C/O M.Y. FUTURE PO BOX 244254 PO BOX 244254

BOYNTON BEACH, FL 334244254 BOYNTON BCH, FL 33424 US

FEI Number: 20-0450981 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLMES, MARK E HOLMES, MARK E 2578 LONE PINE RD

PALM BEACH GARDENS, FL 33408 US PALM BCH GARDENS, FL 33410 US

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: 03/22/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 HOLMES, MARK E
 Name:
 HOLMES, MARK E

 Address:
 11585 US HIGHWAY 1
 Address:
 2578 LONE PINE RD

City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: MGR ( ) Delete Title: (X) Change ( ) Addition Name: KOHLMEYER, CLAYTON E Name: KOHLMEYER, CLAYTON E Address: 11585 US HIGHWAY 1 Address: 4241-B NORTHLAKE BLVD City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: MGR (X) Delete Title: ( ) Change ( ) Addition Name: KOHLMEYER, ANN M Name:

Address: 11585 US HIGHWAY 1 Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOLMES, KAREN
 Name:

 Address:
 11585 US HIGHWAY 1
 Address:

 City-St-Zip:
 NORTH PALM BEACH, FL 33408
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK HOLMES MGR 03/22/2009