## 2005 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STORING

## ANNUAL REPORT **DOCUMENT # L03000052930** 1. Entity Name SPRÉADBURY PROPERTY MAINTENANCE LLC Principal Place of Business Mailing Address 7924 ORCHID LAKE RD 7924 ORCHID LAKE RD NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653

**FILED** Aug 05, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE		: INDIANI: EN ANICO INI: NEUL BANJ BANJ ELIN ANIA ANIA ANIA ILIA ILI BANZO ILI BANZO ILI BANZO ILI BANZO ILI B
		07262005No Chg-LLC CR2E083 (10/03)
		4. FEI Number         Applied For           59-3539374         Not Applicable
		5. Certificate of Status Desired
	6. Name and Address of Current Registered Agent	
SPREADBURY, ROBERT D 7924 ORCHID LAKE RD NEW PORT RICHEY, FL 34653		DO NOT WRITE
		IN THIS SPACE
the obligat	named entity submits this statement for the purpose of changing its registered office or ritions of registered agent.	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature	a required when reinstating) DATE
Fii Du <b>e</b> i	ling Fee is \$50.00 by September 7, 2005	U00000375674 08/05/05-80004-017 55.00
9.	MANAGING_MEMBERS/MANAGERS	AND A CONTRACTOR OF THE PROPERTY OF THE PROPER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPREADBÜRY, RÖBERT D 7924 ORCHID LAKE RD NEW PORT RICHEY, FL 34653	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	entify that the information supplied with this filling does not qualify for the exemption state on this report is true and accurate and that my signature what have the same legal effect billity company or the receiver or trasfee empowered to execute this report as required by	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the / Chapter 608, Florida Statutes

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #