


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90029 019 \*\*\*\*50.00

<b>DOCUMENT # L04000016397</b>		
1. Entity Name SPENCER LAND PROPERTIES, LLC		

Principal Place of Business 860 EAST RIVER PLACE, SUITE 101 JACKSON, MS 39202	Mailing Address P.O. BOX 1076 JACKSON, MS 39215-1076
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2. Principal Place of Business <b>497A Keywood Circle</b>	3. Mailing Address <b>P.O. Box 321330</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Flowood MS</b>	City & State <b>Flowood MS</b>
Zip <b>39232</b>	Country <b>U.S.</b>
Country <b>U.S.</b>	Zip <b>MS</b>

**20018082**



02162005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HUFFMAN, TONY</b> <b>9511 BARRANGER DRIVE</b> <b>PENSACOLA, FL 32514</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 	DATE <b>2/17/05</b>

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LAND, SPENCER</b> <b>1730 NORTH CLARK, #4312</b> <b>CHICAGO, IL 60614</b>	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
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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: 	Date <b>2/27/05</b>	Daytime Phone # <b>708 216 8467</b>
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