## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED

## Apr 19, 2007 8:00 am Secretary of State DOCUMENT # L04000030009 04-19-2007 90033 002 \*\*\*\*50 00 SPOTSWOOD PARTNERS, LLC Principal Place of Business Mailing Address 5415-E BACKLICK RD. 5415-E BACKLICK RD. SPRINGFIELD, VA SPRINGFIELD, VA 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1.25 Suite, Apt. #, etc. Suite, Apt. #, etc. 04142007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1164454 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITVAK, KRAMER A PA Street Address (P.O. Box Number is Not Acceptable) 226 E. GOVERNMENT STREET PENSACOLA, FL 32502 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 Signature, typed or printed name of registered agent and title lif applicable. (NQTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE Change Addition SPOTSWOOD, WILLIAM S JR NAME NAMÉ STREET ADDRESS 5415-E BACKLIÇK RD. STREET ADDRESS CITY-ST-ZIP SPRINGFIELD, VA CITY-ST-ZIP TITLE MGR ☐ Delete TITLE □ Change ☐ Addition SPOTSWOOD, JAMES RANDALL NAME NAME STREET ADDRESS 5415-E BACKLICK RD. STREET ADDRESS SPRINGFIELD, VA CITY-ST-ZIP CITY-ST-ZIP TITLE MGR ☐ Delete Change ☐ Addition TITLE SPOTSWOOD, MATTHEW P NAME NAME 27 Maple Avenue STREET ADDRESS 3326 JACKSON ST. STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, GA 94118 CITY-ST-ZIP Kentfield CA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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Daytime Phone I

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