

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90106 007 ****50.00

60013044



DOCUMENT # L04000031217 1. Entity Name SPRUCE ROAD, L.L.C.																																																			
Principal Place of Business 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844		Mailing Address 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844																																																	
2. Principal Place of Business 10830 SW 113 Place Suite, Apt. #, etc.		3. Mailing Address 10830 SW 113 Place Suite, Apt. #, etc.																																																	
City & State Miami Florida Zip 33170 Country		City & State Miami Florida Zip 33170 Country																																																	
4. FEI Number 20-1146058		Applied For Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02112005 Chg-LLC CR2E083 (10/03)																																																	
6. Name and Address of Current Registered Agent MURPHY, JOHN 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name John Murphy Street Address (P.O. Box Number is Not Acceptable) 10830 SW 113 Place City Miami FL Zip Code 33170																																																	
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 (NOTE: Registered Agent signature required when reinstating) DATE 2/20/05																																																			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;">MGR MURPHY, JOHN 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, JOHN 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844	Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;">10830 SW 113 Place Miami FL 33170</td> <td style="width: 10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10830 SW 113 Place Miami FL 33170	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, JOHN 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844	Delete																																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10830 SW 113 Place Miami FL 33170	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																																																	
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 2/20/05 DAYTIME PHONE 863 432 9777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE John Murphy																																																			