

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90033 001 \*\*\*\*50.00

**DOCUMENT # L04000037798**

1. Entity Name  
SPOTSWOOD INVESTMENT PARTNERSHIP, LLC



Principal Place of Business 5415-E BACKLICK RD. SPRINGFIELD, VA 22151	Mailing Address 5415-E BACKLICK RD. SPRINGFIELD, VA 22151
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**DO NOT WRITE IN THIS SPACE**



04142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1166304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LITVAK, KRAMER A PA  
226 E. GOVERNMENT STREET  
PENSACOLA, FL 32502

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPOTSWOOD, WILLIAM S JR. 5415-E BACKLICK RD SPRINGFIELD, VA 22151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPOTSWOOD, JAMES R 5415-E BACKLICK RD SPRINGFIELD, VA 22151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**  **4-19-07** **703-256-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #