
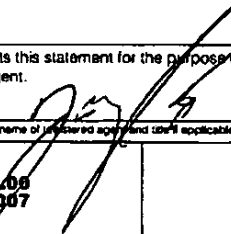
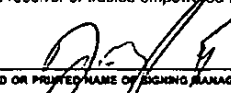


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

04-25-2007 90045 010 ****50.00

DOCUMENT # L04000049018 1. Entity Name SPRUCE CREEK COMMERCIAL PROPERTIES, LLC					
Principal Place of Business 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471			Mailing Address 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 38-3704701					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BOYD, BRIAN S 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471			7. Name and Address of New Registered Agent Name Boyd, Brian S Street Address (P.O. Box Number is Not Acceptable) 1720 SE 16th Ave Bldg. 200 City Ocala FL Zip Code 34471		
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 reissuing) DATE 4-18-07					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM BOYD, BRIAN S 1700 SE 17TH STREET #300 OCALA, FL 34471	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Boyd, Brian S 1720 SE 16th Ave Bldg. 200 Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
SIGNATURE:  DATE 4-18-07					

30008110



03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number
38-3704701

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

BOYD, BRIAN S
1700 S.E. 17TH STREET, SUITE 300
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name **Boyd, Brian S**
 Street Address (P.O. Box Number is Not Acceptable) **1720 SE 16th Ave**
 Bldg. **200**
 City **Ocala** FL Zip Code **34471**

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 reissuing) DATE **4-18-07**

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
BOYD, BRIAN S
1700 SE 17TH STREET #300
OCALA, FL 34471

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
Boyd, Brian S
1720 SE 16th Ave Bldg. 200
Ocala, FL 34471

☒ Change ☐ Addition

Managing member

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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SIGNATURE:  DATE **4-18-07**