

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90126 013 \*\*\*138.75

**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

**1720 SE 16th Ave, #200**

**1720 SE 16th Ave, #200**



02082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-3704701**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOYD, BRIAN S**  
**1720 SE 16TH AVE**  
**BLDG 200**  
**OCALA, FL 34471**

**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 *Brian S. Boyd*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**BOYD, BRIAN S**  
**1720 SE 16TH AVE BLDG 200**  
**OCALA, FL 34471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Brian S. Boyd* **Brian S. Boyd**

Date

Daytime Phone #

**352-861-2248**