

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055039

Entity Name: ST. LOUIS SPIRIT I, LLC

FILED
Mar 11, 2006
Secretary of State

Current Principal Place of Business:

16119 WILSON MANOR DR.
CHESTERFIELD, MO 63005

New Principal Place of Business:

Current Mailing Address:

16119 WILSON MANOR DR.
CHESTERFIELD, MO 63005

New Mailing Address:

FEI Number: 83-0407297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKATOFF, JEFFREY H
1011 NW 4TH AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

SKATOFF, JEFFREY H
2101 BOCA RATON BLVD
SUITE 1
BOCA RATON, FL 33431 US

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.

SIGNATURE:

03/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROUGHTON, DAVID L
Address: 16119 WILSON MANOR DR.
City-St-Zip: CHESTERFIELD, MO 63005

Title: MGR () Delete
Name: DUNCAN, DAVID N
Address: 15815 CEDARMILL DR.
City-St-Zip: CHESTERFIELD, MO 63017

Title: MGR () Delete
Name: JONES, RICHARD S
Address: PO BOX 1110
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID L. BROUGHTON

MGR

03/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date