

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055039

Entity Name: ST. LOUIS SPIRIT I, LLC

FILED
Apr 11, 2009
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
2925 PGA BLVD
SUITE 103
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

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: 17715 GULF BLVD UNIT 605
City-St-Zip: REDINGTON SHORES, FL 33708

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: MGR (X) Change () Addition
Name: JONES, RICHARD S
Address: 1933 PRESTON RIDGE DR
City-St-Zip: CHESTERFIELD, MO 63017

I hereby certify that the information supplied with this filing does not qualify 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

04/11/2009

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