


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90019 039 \*\*\*\*55.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L04000070635</b>   |  |  |   |           |  |
| <b>1. Entity Name</b><br>SPINWHEEL, LTD CO.  |  |  |   |  |  |
| <b>Principal Place of Business</b><br>21838 RAINBERRY PARK CIR<br>BOCA RATON, FL 33428   |  |  | <b>Mailing Address</b><br>P.O. BOX 970984<br>BOCA RATON, FL 33497   |  |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| City & State   |  | City & State   |   |  |  |
| Zip  | Country  | Zip  | Country   | 04072005    Chg-LLC    CR2E083 (10/03)   |  |
| <b>4. FEI Number</b><br>20-1829161   |  |  |   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b>  |  |  |   | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                         |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| JOHNSON, BRYAN D<br>21838 RAINBERRY PARK CIRCLE<br>BOCA RATON, FL 33428  |  |  | Name: <u>Alex J. Dobin</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>16243 Sierra Palms Drive</u><br>City: <u>Delray Beach</u> <b>FL</b> Zip Code: <u>33484</u> |  |  |
| <b>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.</b>   |  |  |   |  |  |
| SIGNATURE: <u>[Signature]</u>  |  |  | DATE: <u>4/8/05</u>   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005  |  |  | Make check payable to<br>Florida Department of State  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>VIAPREE, EDSON A<br>9798 MAJORCA PLACE<br>BOCA RATON, FL 33434           | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>JOHNSON, LISA M<br>21838 RAINBERRY PARK CIRCLE<br>BOCA RATON, FL 33428    | <input checked="" type="checkbox"/> Delete                                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Johnson, Bryan D.<br>21838 Rainberry park Circle<br>Boca Raton, FL 33428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b> <u>[Signature]</u> Edson Viapree   |  |  | DATE: <u>4/8/05</u> Daytime Phone #: <u>561-703-2121</u>  |  |  |