2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 29, 2006 08:00 AM DOCUMENT # L04000070818 **Secretary of State** 1. Entity Name SPG ENTERPRISES, LLC Principal Place of Business __ Mailing Address 7067 TWIN HILLS TERRACE BRADENTON FL 34202 7067 TWIN HILLS TERRACE BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied Fo 4. FEI Number NO-T APPLICABLE Not Applic 20 Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDNER, STEVEN O Street Address (P.O. Box Number is Not Acceptable) 7067 TWIN HILLS TERRACE **BRADENTON FL 34202** Cilv Zip Code 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 acthe obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstantig) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 8. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/ CHANGES MILE ☐ Defete MLE ☐ Change $\square \wedge$ MANE GARDNER, STEVEN O NAME 1100001484212 STREET ADDRESS 7067 TWIN HILLS TER STREET ADDRESS 55/17/16 19031-001 50.UU CRY-SI-ZO BRADENTON FL 34202 CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐.* NAME GARDNER, PAREE S NAME STREET ADDRESS STREET ADDRESS 7067 TWIN HILLS TER CHY-ST-ZIP BRADENTON FL 34202 CHY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ # NAME MADRE STRLET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \square A MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change NAME MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RULE ☐ Delete EULE Change \Box : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information contained 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 climited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

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