

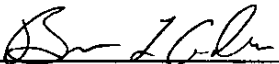


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90086 007 ****50.00

DOCUMENT # L04000073501					
1. Entity Name IN THE SPIRIT LLC					
Principal Place of Business 2101 MARINER BOULEVARD SPRING HILL, FL 34609			Mailing Address 2101 MARINER BOULEVARD SPRING HILL, FL 34609		
2. Principal Place of Business 15542 EASTWOOD TRAIL		3. Mailing Address 15542 EASTWOOD TRAIL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08232005 Chg-LLC CR2E083 (10/03)	
City & State SPRING HILL, FLA		City & State SPRING HILL, FLA.		4. FEI Number 30-0277905	
Zip 34604		Country HERNANDO		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAIR, BRIAN L 2101 MARINER BOULEVARD SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name: BRIAN L. ADAIR Street Address (P.O. Box Number is Not Acceptable): 15542 EASTWOOD TRAIL City: SPRING HILL FL Zip Code: 34604		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAIR, BRIAN L 14236 CORONADO DRIVE SPRING HILL, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAIR, BRIAN L. 15542 EASTWOOD TRAIL SPRING HILL, FLA 34604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAIR, SHERI L 14236 CORONADO DRIVE SPRING HILL, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAIR, SHERI L 15542 EASTWOOD TRAIL SPRING HILL, FLA. 34604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, DOUGLES L 12210 SUNSHINE GROVE ROAD BROOKSVILLE, FL 34614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, KELLEY 12210 SUNSHINE GROVE ROAD BROOKSVILLE, FL 34614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE:  BRIAN L. ADAIR 8/23/05 352-398-6448					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					