

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90041 002 \*\*\*\*50.00

DOCUMENT # L05000002667

1. Entity Name  
 SPOONBILL, LLC



Principal Place of Business  
 3949 EVANS AVENUE SUITE 205  
 FORT MYERS, FL 33901

Mailing Address  
 3949 EVANS AVENUE SUITE 205  
 FORT MYERS, FL 33901

60036149

**DO NOT WRITE IN THIS SPACE**



04052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1109367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SENERAT, VASANTA  
 3949 EVANS AVENUE SUITE 205  
 FORT MYERS, FL 33901

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SENERAT, VASANTA 3949 EVANS AVENUE SUITE 205 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AJITH Y. SENARATH 1265 KASAMADA DR FT. MYERS FL 33919
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_