2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000002667

1. Entity Name SPOONBILL, LLC



FILED Apr 18, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3949 EVANS AVENUE SUITE 205 FORT MYERS, FL 33901

3949 EVANS AVENUE SUITE 205 FORT MYERS, FL 33901



04152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 33-1109367

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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.

Signature, typed or printed name of registered agant and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

- U0000000000

85/85/88 8868 883 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SENERAT, VASANTA
STREET ADDRESS	3949 EVANS AVENUE SUITE 205
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	MGR
NAME	SENARATH, AJITH Y
STREET ADDRESS	1265 KASMADA DR
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
44) ,	

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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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: V

4/15/08

239-418-0008