

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012663

Entity Name: SPAUSE INVESTMENTS, LLC

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

10910 NE 227 PLACE RD
ORANGE SPRINGS, FL 321820689

New Principal Place of Business:

2125 NW 8TH COURT
GAINESVILLE, FL 32609

Current Mailing Address:

POST OFFICE BOX 357575
GAINESVILLE, FL 326357575

New Mailing Address:

2125 NW 8TH COURT
GAINESVILLE, FL 32609

FEI Number: 20-4540413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRUEGER, SCOTT DAVID
2750 NORTHWEST 43RD STREET
SUITE 201
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPARKS, STEVEN P
Address: P.O. BOX 357575
City-St-Zip: GAINESVILLE, FL 326357575

Title: MGR () Delete
Name: USERY, JAMES
Address: 4911 NORTHWEST 39TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPARKS, STEVEN P
Address: 2125 NW 8TH COURT
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN P. SPARKS

MGR

09/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date