2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 09, 2006 8:00 am Secretary of State DOCUMENT # L05000019374 02-16-2006 90145 014 ****50.00 1. Entity Name SPIRIT L.C. Principal Place of Business Mailing Address 21050 N.E. 38 AVENUE, SUITE 3004 AVENTURA FL 33180 21050 N.E. 38 AVENUE, SUITE 3004 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable Žip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLEIN-TED ---Street Address (P.O. Box Number is Not Acceptable) 8030 PETERS ROAD, SUITE D-104 PLANTATION FL 33324 City 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 accept (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Chesler TiTtE ☐ Change TITLE Delete ☐ Addition NAME CHESSLER, KATHRYN ANN NAME STREET ADDRESS CTREET ANNAESS 21050 N.E. 38 AVENUE, SUITE 3004 CITY-ST-2IP AVENTURA FL 33180 CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S7-24P TITLE □ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP 11. I heraby 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 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. SER, OR AUTHORIZED REPRESENTATIVE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

SPIRIT L.C. 21050 N.E. 38 AVENUE, SUITE 3004 AVENTURA, FL 33180

Subject: SPIRIT L.C.

Reference Number: >

L05000019374

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION