2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2006 90029 038 ****50.00 **DOCUMENT #L05000024261** 1. Entity Name SPARTAN PLAZA, L.L.C. Principal Place of Business 30009569 Mailing Address 12580 SEMINOLE BLVD. 12580 SEMINOLE BLVD. LARGO, FL 33778 LARGO, FL 33778 2. Principal Place of Business 3. Mailing Address Surie, Apt. #, etc Suite, Apr. #, etc. 04202006 CR2E083 (11/05) City & State 4. FEI NUMBER 20 -2485614 City & State Applied For Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPYRIDAKOS, PETER -Street Address (P.O. Box Number is Not Acceptable) 12580 SEMINOLE BLVD. LARGO, FL 33778 City Zip Code FL 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 Spread or provided name of togestered against and spirit applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR IIILE ☐ Delete TITLE □ Сћалре SPYRIDAKOS, PETER 12580 SEMINOLE BLVD. STREET ADORESS STREET ADDRESS LARGO, FL 33778 CITY-ST-ZIP CITY-SI-ZP TITLE ☐ Delette TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Addition NAME STREET ADORESS STREET ADORESS OTY-51-709 CITY-ST-ZIP tnu£ Delete TITLE □ Change ☐ Addition NAME STREET ADORESS STPFET ADDRESS CITY-SI-ZIP 11. Thereby 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. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jun 05, 2006 8:00 am

Secretary of State