

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059270

FILED
Aug 31, 2006
Secretary of State

Entity Name: SP/MN INVESTMENTS, LLC

Current Principal Place of Business:

18430 KUKA LANE
SPRING HILL, FL 34610

New Principal Place of Business:

320 W FLETCHER AVENUE
SUITE 101
TAMPA, FL 33612

Current Mailing Address:

18430 KUKA LANE
SPRING HILL, FL 34610

New Mailing Address:

PO BOX 17879
TAMPA, FL 33612

FEI Number: FEI Number Applied For (X) 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:

GHARSALLI, SALEM
18430 KUKA LANE
SPRING HILL, FL 34610 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: MGRM () Delete
Name: GHARSALLI, SALEM
Address: 18430 KUKA LANE
City-St-Zip: SPRING HILL, FL 34610

Title: MGRM () Delete
Name: GHARSALLI, PAMELA M
Address: 18430 KUKA LANE
City-St-Zip: SPRING HILL, FL 34610

Title: MGRM () Delete
Name: BOUAZIZI, MONSEF
Address: 18430 KUKA LANE
City-St-Zip: SPRING HILL, FL 34610

Title: MGRM () Delete
Name: BOUAZIZI, NAJET
Address: 18430 KUKA LANE
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SALEM GHARSALLI

MGR

08/31/2006

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