

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059333

Entity Name: SPG PROPERTIES, LLC

FILED  
Jun 12, 2009  
Secretary of State

**Current Principal Place of Business:**

320 W FLETCHER AVENUE  
SUITE 101  
TAMPA, FL 33612

**New Principal Place of Business:**

1735-34TH ST S  
ST PETERSBURG, FL

**Current Mailing Address:**

PO BOX 17879  
TAMPA, FL 33682

**New Mailing Address:**

18430 KUKA LANE  
SPRING HILL, FL 34610

FEI Number: 20-4733299      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:**

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

**ADDITIONS/CHANGES:**

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 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: OSAMA S KAYALI

CPA

06/12/2009

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