

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111758

FILED
May 01, 2008
Secretary of State

Entity Name: SPRUCE CREEK PARTNERS, LLC

Current Principal Place of Business:

2411 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118

New Principal Place of Business:

Current Mailing Address:

2411 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118

New Mailing Address:

FEI Number: 20-3842358 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:

BAUER, KIRK T
223 S. WOODLAND BLVD.
DELAND, FL 32724 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: BROWN, GEORGE GARY
Address: 2411 SOUTH ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: MGR () Delete
Name: FORNARI, LAWRENCE J
Address: 2411 SOUTH ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: FORNARI, LAWRENCE J
Address: 4926 SAILFISH DRIVE
City-St-Zip: PONCE INLET, FL 32127

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: LAWRENCE FORNARI

MGRM

05/01/2008

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