2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL NEPUNI (AN)									
DOCUMENT # L06000004768 1. Entity Name					FILED				
SPRUCE LLC			189		07 MAR 30 AM 9: 26				
Principal Plac	e of Business	Mailing Address				: ()]	i UE ST	175	
803 CAVEMILL WAY TARPON SPRINGS FL 34689 FL		803 CAVEMILL WAY TARPON SPRINGS FL 34689 FL			ALLAIAS	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	ŘÍDA		
2. Principal Place of Business - No P.O Box #		3. Mailing Address			"	BBIIBII DIY BBIID BIIII BBIII BAY	# 4511 9511 98111	alah isala Sibi is	indi itt inni
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1.	st MOORE	CR2E083	(10/06)	
City & Slato		City & State		4. FEI Num	ber		<u> </u>	plied For	
Zip	Country	Zip Coun			Not Apolicable St. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current				7. Name and Address of New Registered Agent				
MASTROVASILIS, PANTELIS 803 CAVEMILL WAY			ļ	Name Street Address (P.O. Box Number is Not Acceptable)					
	RPON SPRINGS FL 34689							 -	
			С	City			FL	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 the obligations of registered agent.									
SIGNATURE									
Signature, typed of printed harne of registered agent and nic if mobicable. (NOTE Registered Agent signature required when reinstating) ELLE NOMBILL SEC 10, 650, 00									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007									
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES	· · · •	
THILL	MGR	Delete	THILE NAME		*****	nnaen	and the second	☐ Change	Addition
NAME SIREFT ADDRESS CHY SE ZIP	MASTROVASILIS, PANTELIS 803 CAVEMILL WAY TARPON SPRINGS FL 34689		STREET AC			707-01043-		⇒250.00)
mu	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAMI STREET ADDRESS	KORFIATIS, JOHN P 19 WAGON WHEEL CT		NAMI STBLET AD	DDRESS					
CHY ST-ZIP	GLEN ARM MD 21057		CITY SI	ZIP					
11111		☐ Delete	11111.					☐ Change	Addition
STREET ADDRESS CHY SE-ZIP			NAME SIBLETAD CHY ST						
Tillin	W Whi	☐ Delete	THILE					☐ Change	Addition
NAMI STREET ADDRESS	4 4/19		NAME STREET AL	ODRESS					
CHY SI-ZIP	/		city st a	7IP					
THEE		☐ Delete	IIILE NAME					☐ Change	Addition
NAME STREET ADDRESS CITY SE ZIP			SHREET AD						
IIIU		☐ Delete	fille					Change	Addition
NAMI STREET ADDRESS CITY ST ZIP			NAME SIBLETAD CITY ST-						
11. I hereby 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 eath; 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:						3114.07	7a7	-79R-5°	79 3_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dole Daylood Phone #									