

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90030 043 \*\*\*138.75

60029449



04222008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000015563</b> 1. Entity Name <b>SPIRITED INVESTMENT, LLC</b>					
Principal Place of Business <b>702 CARTER ROAD WINTER GARDEN, FL 34787</b>			Mailing Address <b>702 CARTER ROAD WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business - No P.O. Box # <b>89 E BAY ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>P O Box 598</b> Suite, Apt. #, etc.			
City & State <b>WINTER GARDEN FL</b>		City & State <b>OCLOEE FL</b>		4. FEI Number <b>61-1520734</b>	
Zip <b>34787</b>		Country		Zip <b>34761-0598</b>	
Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DEBELLES, GERARD 702 CARTER ROAD WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>89 E BAY ST</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBELLES, GERARD L <input type="checkbox"/> Delete 702 CARTER ROAD WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>89 E BAY ST</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMERO, GERALD F <input type="checkbox"/> Delete 702 CARTER ROAD WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>89 E BAY ST</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STALLARD, RANDALL W <input type="checkbox"/> Delete 1006 WEST 25TH STREET SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENOVE, THOMAS M <input type="checkbox"/> Delete 1006 WEST 25TH STREET SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby 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.					
<b>SIGNATURE:</b> <u><i>Gerard Debelles</i></u> <b>4/22/08</b> <b>407-877-7344</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					