

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122093

Entity Name: SPARTAN HOTEL EQUIPMENT LLC

FILED  
Sep 03, 2008  
Secretary of State

**Current Principal Place of Business:**

1717 SW 1ST WAY  
SUITE 32  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

1717 SW 1ST WAY  
SUITE 32  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

10666 VERSAILLES BLVD  
WELLINGTON, FL 33449

FEI Number: 26-1534769      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:**

DANIEL, BJORKLAND  
1717 SW 1ST WAY  
UNIT 32  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

DANIEL, BJORKLAND  
10666 VERSAILLES BLVD  
WELLINGTON, FL 33449 US

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: DANIEL BJORKLAND

09/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARLEEN, DAVIS  
Address: 1717 SW 1ST WAY SUITE 32  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ARLEEN, DAVIS  
Address: 10666 VERSAILLES BLVD  
City-St-Zip: WELLINGTON, FL 33449

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: ARLEEN DAVIS

MGMR

09/03/2008

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