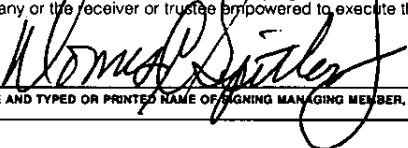


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 21, 2005 8:00 am
Secretary of State**

04-21-2005 90029 047 ****50.00

DOCUMENT # L98000002720					
<p>1. Entity Name SPITLER REAL ESTATE L.L.C.</p> <p>Principal Place of Business 3540 FAIR OAKS LANE LONGBOAT KEY, FL 34228-4106</p> <p>Mailing Address 3540 FAIR OAKS LANE LONGBOAT KEY, FL 34228-4106</p>					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<p>6. Name and Address of Current Registered Agent NAJMY, JOSEPH L ESQ. C/O HARLLEE, PORGES, HAMLIN 1205 MANATEE AVENUE WEST BRADENTON, FL 34205 </p>				<p>7. Name and Address of New Registered Agent</p> <p>Name Street Address (P.O. Box Number is Not Acceptable) City</p>	
				<p>FL Zip Code</p>	
<p>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.</p>					
<p>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></p>			<p>(NOTE: Registered Agent signature required when reinstating) _____ <small>DATE</small></p>		
<p>Filing Fee is \$50.00 Due by May 1, 2005</p>					<p>Make check payable to Florida Department of State</p>
<p>9. MANAGING MEMBERS/MANAGERS</p>			<p>10. ADDITIONS/CHANGES</p>		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete SPITLER FAMILY LIMITED PARTNERSHIP 3540 FAIR OAKS LANE LONGBOAT KEY, FL 342284106</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
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<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</p>					
<p>SIGNATURE: </p>			<p><i>4-3-05</i></p>		
<p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small></p>			<p><small>Date</small></p>		
			<p><small>Daytime Phone #</small></p>		