


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L99000000419 |  |
| 1. Entity Name SPOT INVESTMENTS, L.L.C. | |

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|---|---|
| Principal Place of Business 704 MARITIME WAY NORTH PALM BEACH, FL 33410 | Mailing Address 401 VETERANS BLVD., #102 METAIRIE, LA 70005 |
|---|---|

DO NOT WRITE IN THIS SPACE



02172005 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 65-0892348 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent NORRIS, DAVID B 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHOTT, CHRISTOPHER D 401 VETERANS BLVD. #102 METAIRIE, LA 70005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM BURRUS, DAVID R 704 MARITIME WAY NORTH PALM BEACH, FL 33410 |
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03/11/05-80018-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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|--|----------|------------------|
| SIGNATURE:  | 02-17-05 | 504-212-1692 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | Date | Day/Time Phone # |