


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

04 JAN 16 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M01000000883</b> 1. Entity Name SPI CTI LLC	
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Principal Place of Business 2390 EAST CAMELBACK ROAD, SUITE 210 PHOENIX, AZ 85016	Mailing Address 2390 EAST CAMELBACK ROAD, SUITE 210 PHOENIX, AZ 85016
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 94-3394715	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STRATEGIC PROPERTY INVESTMENTS INC 2390 EAST CAMELBACK RD STE 210 PHOENIX, AZ 86016
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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.

<b>SIGNATURE:</b> 	Karin A. Church, V.P.	1/6/04	602-850-8627
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>