

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0025386

DOCUMENT # M01000000883

1. Entity Name

SPL CTI LLC



FILED  
03 JAN 30 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

Mailing Address

C/O CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

2. Principal Place of Business

2390 E. Camelback Road

Suite, Apt. #, etc.

Suite 210

City & State

Phoenix, Arizona

Zip  
85016

Country  
USA

3. Mailing Address

2390 E. Camelback Road

Suite, Apt. #, etc.

Suite 210

City & State

Phoenix, Arizona

Zip  
85016

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

94-3394715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
STRATEGIC PROPERTY INVESTMENTS INC  
2390 EAST CAMELBACK RD STE 210  
PHOENIX AZ 86016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400011198474  
01/30/03--01018--001 \*\*150.00 ☐ Change ☐ Addition

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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.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/03 (602)850-8627

Date

Daytime Phone #

CR2E083 (10/02)