

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # M03000001564

1. Entity Name

SPA PROJECT ADVISORS, LLC



Principal Place of Business

Mailing Address

8600 E. ROCKCLIFF ROAD  
TUCSON AZ 85750

8600 E. ROCKCLIFF ROAD  
TUCSON AZ 85750



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0937913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE FL 32309

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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR ☐ Delete  
NAME: JC MANAGEMENT, INC.  
STREET ADDRESS: 8600 E. ROCKCLIFF ROAD  
CITY-ST-ZIP: TUCSON AZ 85750

☐ Change ☐ Addition  
U00000654082  
03/13/07-80048-009 50.00

TITLE: MGRM ☐ Delete  
NAME: MILNER, GARY S  
STREET ADDRESS: 8600 E. ROCKCLIFF ROAD  
CITY-ST-ZIP: TUCSON AZ 85750

☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Delete  
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STREET ADDRESS:  
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CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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

Date

Daytime Phone #