


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 8600 E. ROCKCLIFF ROAD TUCSON AZ 85750	Mailing Address 8600 E. ROCKCLIFF ROAD TUCSON AZ 85750
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 71-0937913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE FL 32309	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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete	NAME JC MANAGEMENT, INC.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 8600 E. ROCKCLIFF ROAD	CITY-ST-ZIP TUCSON AZ 85750	U00000654082 03/13/07-80048-009 50.00	
TITLE <input type="checkbox"/> Delete	NAME MILNER, GARY S	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 8600 E. ROCKCLIFF ROAD	CITY-ST-ZIP TUCSON AZ 85750	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

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: *John Verrold* **2807 520-799-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #