

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004125

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Entity Name:** SPRAGGS REAL ESTATE & AUCTION CO., LLC

**Current Principal Place of Business:**

570 WHIPPOORWILL COVE  
BENTON, KY 42025

**New Principal Place of Business:**

2005 PHELPS ROAD  
BENTON, KY 42025

**Current Mailing Address:**

570 WHIPPOORWILL COVE  
BENTON, KY 42025

**New Mailing Address:**

2005 PHELPS ROAD  
BENTON, KY 42025

**FEI Number:** 40-2178497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPRAGGS, SAM  
745 HERON DRIVE  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SPRAGGS, KEVIN  
Address: 570 WHIPPOORWILL COVE  
City-St-Zip: BENTON, KY 42025

Title: MGR ( ) Delete  
Name: SPRAGGS, KANDI  
Address: 570 WHIPPOORWILL COVE  
City-St-Zip: BENTON, KY 42025

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SPRAGGS, KEVIN  
Address: 2005 PHELPS ROAD  
City-St-Zip: BENTON, KY 42025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** KEVIN SPRAGGS

MGR

04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date