

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000442

Entity Name: SPYDER LUKE, LLC

FILED  
Apr 06, 2007  
Secretary of State

**Current Principal Place of Business:**

1400 THIRD STREET, SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1400 THIRD STREET, SOUTH  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 86-0169166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURGESS, SCOTT C ESQ.  
5525 NW 15TH AVENUE, STE. 200  
FT. LAUDERDALE, FL 33309 US

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

NOLEN, TRULY D  
1400 THIRD STREET SOUTH  
NAPLES, FL 34102 US

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: TRULY D. NOLEN

04/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NOLEN, TRULY D  
Address: 1400 THIRD STREET, SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: MGR (X) Delete  
Name: BURGESS, SCOTT C  
Address: 1400 THIRD STREET, SOUTH  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NOLEN, TRULY D  
Address: 1400 THIRD STREET, SOUTH  
City-St-Zip: NAPLES, FL 34102

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: TRULY D. NOLEN

MGRM

04/06/2007

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