

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M99000001290

1. Entity Name  
SPIRIT CREEK, LLC



Principal Place of Business  
27771 INDUSTRIAL ST  
BONITA SPRINGS, FL 34135

Mailing Address  
PO BOX 366787  
BONITA SPRINGS, FL 34136

**DO NOT WRITE IN THIS SPACE**



02042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3612209

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRAWFORD, J. STEPHEN  
28000 SPANISH WELLS BLVD.  
BONITA SPRINGS, FL 34135

**DO NOT WRITE  
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000467420  
03/23/06-80047-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CRAWFORD, J. STEPHEN  
STREET ADDRESS 28000 SPANISH WELLS BLVD.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE S  
NAME WYNKOOP, JOHN W  
STREET ADDRESS 5801 PELICAN BAY BLVD #104  
CITY-ST-ZIP NAPLES, FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

2/4/06

239-498-7701

Date

Daytime Phone #