


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90040 026 \*\*\*138.75

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # M99000001290</b><br>1. Entity Name<br><b>SPIRIT CREEK, LLC</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>27771 INDUSTRIAL ST<br/>BONITA SPRINGS, FL 34135</b>   |  |   | Mailing Address<br><b>PO BOX 366787<br/>BONITA SPRINGS, FL 34136</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                            |  |  |
| City & State   |  |   | City & State   |  |  |
| Zip  |  | Country   |  | Zip  |  |
| Country  |  | Country   |  | 4. FEI Number<br><b>59-3612209</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>CRAWFORD, J. STEPHEN<br/>28000 SPANISH WELLS BLVD.<br/>BONITA SPRINGS, FL 34135</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |   | <b>Make check payable to<br/>Florida Department of State</b>         |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>CRAWFORD, J. STEPHEN<br>28000 SPANISH WELLS BLVD.<br>BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>WYNKOOP, JOHN W<br>5801 PELICAN BAY BLVD #104<br>NAPLES, FL 34108               | <input checked="" type="checkbox"/> Delete                        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   |  |  |  |
| <b>SIGNATURE:</b> _____  |  |   | 4/30/08 235-949-1818   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   | Date Daytime Phone #   |  |  |