2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000001456



Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90065 038 ****50.00

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1.	Entity Name
	SPREY PROPERTY GROUP LLC

Principal Plac	e of Business	Mailing Address								
147 OLD SO	LOMONS ISLAND ROAD	147 OLD SOLOMONS ISLAND ROAD			-		• ,			
SUITE 210		SUITE 210			i					
ANNAPOLIS, MD 21401 ANNAPOLIS, MD 21401							N HARIN INNI NAKA NAKA	Beni beni beni k	MA SINS SING S	alain an arra
Principal Place of Business 3. Mailing Address										
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04272004	Chg-LLC	CBSEO	B3 (10/03)	
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City & Stat	e	City & State				4. FEI Numb	er		Α	pplied For
Annap	olis, MD	Annapolis, M	D			52-181	8135		- N	ot Applicable
Zip 2140	1 Country	Zip 21401	Country USA			5. Certificate	of Status Desire		\$5.00 Ad Fee Require	
	6. Name and Address of Current I	Registered Agent	USA			7 Name and	Address of Nev		· · · · · · · · · · · · · · · · · · ·	-
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SCHIEF 6	SORDON J ESQ.		'	· iamo						
400 N. TAI	MPA STREET		-	Street Add	dress (P	.O. Box Numb	er is Not Accepta	able)		
SUITE 230 TAMPA, F	· -		<u> </u>							•
IDIVICA, I	L 33002 · .		<u> </u>						,	
	î .		(City				FL	Zip Cod	le
	named entity submits this statement for	the purpose of changing its	registered o	office or re	egistere	d agent, or bo	th, in the State of	Florida. I am	amiliar with	and accept
the obligat	ions of registered agent.									
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Daytime Phone #

☐ Change

☐ Addition