756 S E 102 AVE.       1756 S E 102 AVE.         DON OT WRITE IN THIS SPACE       04102007       No ChgP       CR2E034 (11/05)         4. FEN-thick	DOCUMENT # 1 I. Entity Name SPRUCE CREEK MAI		Apr 16, 2007 08:0 Secretary of St						
DO NOT WRITE IN THIS SPACE       010207       No Chg-P       GR26034 (11/05)         4. FEI Number 59-3583791       Im A Applied For 59-3583791       Im A Applied For 59-3583791         5. Norme and Address of Current Registered Agent       S. Certificate of Status Desired       Im A Applied For 59-3583791         RP, BRENDA 7585 SE 102 AVE: UMMERFIELD, FL 34491       DO NOT WRITE IN THIS SPACE         The above named entity adamts this statement for the purposes of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of squares agent.         OMTUDE Graves, teels prime and ingeneration of register dispert of the floridate.       InOT. Proceed formation       DM         The Above named entity adamts this statement for the purposes of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of agents agent.       DM         The Level prime and ingeneration of register dispert of the floridate.       InOT. Proceed formation       DM         The Ind Contribution       \$5.00 May Ba       U/UDD/OT/OD/20139       D/UDD/OT/20131-016       15.0, 00         Mix agents       Image from one prime addition of register dispert of the floridate addition       State for fores       U/UDD/OT/20131-016       15.0, 00         Mix agents       OPFICERS AND DiffectORS       Image for an addition       State for fores       U/UDD/OT/20131-016       15.0, 00         Mix agents	Principal Place of Business 17585 SE 102 AVE. DCALA, FL 34491	1	7585 SE 102 AVE.						
RP, BRENDA       Tobs SE 102 AVE.       DO NOT WRITE         Tobs SE 102 AVE.       IN THIS SPACE         The above named only submits his altalement for the purpose of changing its registered agent, or both, in the State of Forida. I an familiar with, and accept to obligations of regioered agent.       In the State of Forida. I an familiar with, and accept to obligations of regioered agent.         CNATURE       Image: State of provide and image agent and the factorial.       Information of regioered agent.       Information of regioered agent.         CNATURE       Image: State of provide and image agent and the factorial.       Information of regioered agent.       Information of regioered agent.       Information of regioered agent.         CNATURE       Image: State of provide agent		:		ACE	04102007 4. FEI Numb 59-358	No Chg-P er 13791	CR2E034	(11/05)	d For oplicable
the obligations of registered agent.  GNATURE  Sonars, typed or primal name of registered agent and life if addicable.  (INOTE: Registered Agent agents of registered agent and life if addicable. (INOTE: Registered Agent agents of registered agent and life if addicable. (INOTE: Registered Agent agents of registered agent agent and life if addicable. (INOTE: Registered Agent agents)  State May 1, 2007 Fee with blo \$550.00   Control Cont	RP, BRENDA 7585 SE 102 AVE	· · · · · · · · · · · · · · · · · · ·	tered Agent						
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LE P ERP, BRENDA KET ADDRSS 17585 S.E. 102ND AVE. Y-S1-2P SUMMERFIELD, FL 34491 UE V KET ADDRSS Y-S1-2P SUMMERFIELD, FL 34491 UE WE KET ADDRSS Y-S1-2P LE KET ADDRSS Y-S1-2P LE KET ADDRSS Y-S1-2P LE KET ADDRSS Y-S1-2P L. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplierential report is frue and accurate and has my signature shall have the same legit affect as if made under cath, that I am an officier or director of an indicated on this report or supplierential report is frue and accurate and has my signature shall have the same legit affect as if made under cath, that I am an officier or director of chapter (or, non a stachment with an address, with all other like empowered.	After May 1, 2007 Fe	e will be \$550.00	Trust Fund Contribut	ion. Add	00 May Be ad to Fees	U00000 04/24/07-i	706383 80031-0;	16 150.0	<u> )0</u>
WE       ERP, HARVEY         HEI ADDRESS       17585 SE 102 AVE         SUMMERFIELD, FL 34491       DO NOT WRITE         HE       ME         ME       DO NOT WRITE         ILE       ME         ME       IN THIS SPACE         V-S1-2P       DO NOT WRITE         ILE       ME         ME       IN THIS SPACE         V-S1-2P       IN THIS SPACE         V-S1-2	ILE P IME ERP, BRENDA REET ADDRESS 17585 S.E. 10	2ND AVE.					; .		
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ME EEF ADDRESS Y-ST-ZIP LE ME EEF ADDRESS Y-ST-ZIP LE LE LE LE LE L L 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	AME FREET ADDRESS TY-ST-ZIP				IN	1 MIS SF	ACE		•
ME <b>3ET ADDRESS</b> Y-ST-ZIP <b>2.</b> 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	TLE IME TREET ADDRESS TY-ST-ZIP								
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	<ul> <li>of the corporation or the red</li> </ul>	eiver or trustee empowere	d to execute this report as n	exemptions contained gnature shall have the s equired by Chapter 607	in Chapter 11 same legal effe , Florida Statut	9, Florida Statutes. I ct as if made under o es; and that my name	further certily bath; that I am e appears in E	that the inforr an officer or o llock 10 or Blo	nation firector ock 11 if