

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90583 009 \*\*\*\*50.00

0032311

DOCUMENT # L01000004895



1. Entity Name

SHAE SPENCER MANAGEMENT, L.L.C.

Principal Place of Business

1387 SW 18TH STREET  
BOCA RATON FL 33486

Mailing Address

1387 SW 18TH STREET  
BOCA RATON FL 33486

2. Principal Place of Business

~~1387 SW 18TH STREET~~ 53 BARCHAN DUNE RISE

3. Mailing Address

DUNE RISE / 53 BARCHAN DUNE RISE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VICTOR, NY

City & State

VICTOR, NY

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

14564

Country

USA

Zip

14564

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEITZ, WILLIAM R P.A.  
1801 SOUTH FEDERAL HIGHWAY, SUITE 237  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name: WILLIAM R. HEITZ, P.A.  
Street Address (P.O. Box Number is Not Acceptable): 1701 FORUM WAY SU 201  
City: WEST PALM BEACH FL Zip Code: 33401

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

*William R. Heitz*

4/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	HEITZ, WILLIAM R	1387 SW 18TH STREET	BOCA RATON FL 33486	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	HEITZ, WILLIAM R.	53 BARCHAN DUNE RISE	VICTOR, NY 14564	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

*William R. Heitz*

4/30/03

561-274-7000

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

Date

Daytime Phone #

CR2E083 (10/02)