

FILED

03-SEP-26 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # L02000010436					
1. Entity Name SPELLMAN/CORBEN RELEASING, LLC					
Principal Place of Business 11111 BISCAYNE BLVD. SUITE 222 NORTH MIAMI, FL 33181 US			Mailing Address 11111 BISCAYNE BLVD. SUITE 222 NORTH MIAMI, FL 33181 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-3050985	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GROSSMAN, STUART I ESQ. TEW CARDENAS 201 S BISCAYNE BLVD. MIAMI, FL 33131				7. Name and Address of New Registered Agent	
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, the registered agent.				9. Name and Address of Current Registered Agent	
SIGNATURE: <i>Stuart Grossman</i>				DATE: 9/24/03	
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17 2003</p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELLMAN/CORBEN ENTERPRISES, INC.		NAME		
STREET ADDRESS	11111 BISCAYNE BLVD., SUITE 222		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELLMAN, ALFRED E		NAME		
STREET ADDRESS	11111 BISCAYNE BLVD., SUITE 222		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, WILLIAM M		NAME		
STREET ADDRESS	11111 BISCAYNE BLVD., SUITE 222		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: <i>Alfred Spellman</i>				DATE: 9/24/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	
				CERTIFICATE PHONE #	



CHECK HERE IF MAKING CHANGES

CR2E083 (1/0/02)

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