

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90302 006 ***150.00

DOCUMENT # L02000021081



1. Entity Name
SPERBER PROPERTIES, LLC

Principal Place of Business 327 CLEMATIS STREET WEST PALM BEACH, FL 33401	Mailing Address 327 CLEMATIS STREET WEST PALM BEACH, FL 33401
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60014595



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 13-4233723	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPERBER, MORRIS W
327 CLEMATIS STREET
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	SPERBER, MORRIS W
STREET ADDRESS	327 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR <input type="checkbox"/> Delete
NAME	SPERBER, MICHAEL W
STREET ADDRESS	327 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR <input type="checkbox"/> Delete
NAME	ALLEN, VALERIE S
STREET ADDRESS	283 ROYAL POINCIANA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGR <input type="checkbox"/> Delete
NAME	EMERSON, LEAH S
STREET ADDRESS	8116 NORTHBORO COURT
CITY-ST-ZIP	LAKE CLARK SHORES, FL 33406
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	327 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	327 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:

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

[Handwritten Signature]

1-31-06 561-582-7917

Date

Daytime Phone #