


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90114 037 ***138.75

DOCUMENT # L02000021081

1. Entity Name
SPERBER PROPERTIES, LLC



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

60017214



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02272008 Chg-LLC CR2E083 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
13-4233723 Not Applicable

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 **Susan Allen**

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

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 *Susan Allen* DATE **3-18-2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	SPERBER, MORRIS W	327 CLEMATIS STREET	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>
MGR	SPERBER, MICHAEL W	327 CLEMATIS STREET	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
MGR	ALLEN, VALERIE S	327 CLEMATIS STREET	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
MGR	EMERSON, LEAH S	327 CLEMATIS ST	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Sperber, Michael I.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Emerson, Roslyn L.			<input checked="" 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 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 608, Florida Statutes.

SIGNATURE: *Susan Allen* **SUSAN ALLEN** **3-18-2008** **561-655-800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #