


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000074688</b> 1. Entity Name <b>SPECIALTY PRODUCTS OF AMERICA, LLC</b>	
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Principal Place of Business <b>516 MONCEAUX ROAD</b> <b>WEST PALM BEACH, FL 33405</b>	Mailing Address <b>516 MONCEAUX ROAD</b> <b>WEST PALM BEACH, FL 33405</b>
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01112007 No Chg-LLC      CR2E083 (11/05)

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4. FEI Number <b>86-1117876</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SEID, PHILIP  
8909 VIA BRILLIANTE  
WELLINGTON, FL 33411

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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**

U00000526731  
01/17/07-80008-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCUR, WILLIAM J 516 MONCEAUX ROAD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEID, PHILIP 8909 VIA BRILLIANTE WELLINGTON, FL 33411
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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: *Philip Seid Mgr*      Date: *1/16/07*      Daytime Phone #: *561-209-1822*