

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018682

Entity Name: SPECIALTY OFFICES, LLC

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

4985 SW 74TH COURT
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4985 SW 74TH COURT
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-2428071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAMERS, MURRY A
4985 SW 74TH COURT
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

TAMERS, THIERRY S
4985 SW 74TH COURT
MIAMI, FL 33155 US

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.

SIGNATURE: THIERRY TAMERS

01/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: TAMERS, THIERRY S
Address: 4985 SW 74TH COURT
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Change (X) Addition
Name: JERRY STIPP AND GILL, IAN S. BROOKS
Address: 4985 SW 74TH COURT
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Change (X) Addition
Name: MURRY A. TAMERS IRRE, VOCABLE FAMILY TRUST
Address: 4985 SW 74TH COURT
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THIERRY TAMERS

MGR

01/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date