

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074149

**FILED**  
**Feb 12, 2006**  
**Secretary of State**

**Entity Name:** SILVER & SPECTOR BROTHERS, LLC

**Current Principal Place of Business:**

1370 WASHINGTON AVENUE #312  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1370 WASHINGTON AVENUE #312  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 86-1144874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVER, ELLIOT  
1370 WASHINGTON AVENUE #312  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SILVER, ELLIOT  
**Address:** 1370 WASHINGTON AVENUE #312  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** MGR ( ) Delete  
**Name:** SPECTOR, JONATHAN  
**Address:** 1370 WASHINGTON AVENUE #312  
**City-St-Zip:** MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** JONATHAN SPECTOR

MGR

02/12/2006

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