
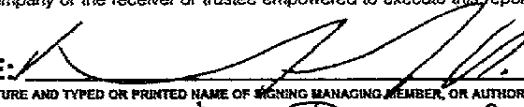


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000007914 1. Entity Name SPECTRUM INVESTMENT COMPANY LLC		
Principal Place of Business 7300 NW 19TH ST., STE 304 MIAMI, FL 33126		Mailing Address P.O. BOX 526325 MIAMI, FL 33152
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALFARO, BEATRIZ 7300 CORPORATE CENTER DRIVE SUITE 304 MIAMI, FL 33126		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGR	
NAME	FERNANDEZ, JUAN M	
STREET ADDRESS	7300 NW 19 ST STE 304	
CITY- ST- ZIP	MIAMI, FL 33126	
TITLE	MGR	
NAME	BERNAL, MAURICIO	
STREET ADDRESS	7300 NW 19 ST STE 304	
CITY- ST- ZIP	MIAMI, FL 33126	
TITLE	MGR	
NAME	ALVAREZ, CHARLES	
STREET ADDRESS	7300 NW 19 ST STE 304	
CITY- ST- ZIP	MIAMI, FL 33126	
TITLE	MGR	
NAME	CAICEDO, HERNANDO	
STREET ADDRESS	7300 NW 19 ST STE 304	
CITY- ST- ZIP	MIAMI, FL 33126	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
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 608, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date 3.22.07 Daytime Phone # 786845-2500



03222007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1021460

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

11000000681615
04/04/07-80052-003 55.00