

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90046 027 \*\*\*\*50.00

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<b>DOCUMENT # L00000008285</b> 1. Entity Name <b>SPECIALTY PRODUCTS &amp; SERVICES, LLC</b>					
Principal Place of Business <b>585 S RONALD REAGAN BLVD</b> <b>STE 121</b> <b>LONGWOOD, FL 32750</b>			Mailing Address <b>585 S RONALD REAGAN BLVD</b> <b>STE 121</b> <b>LONGWOOD, FL 32750</b>		
2. Principal Place of Business <b>4543 Winderwood Cir.</b>		3. Mailing Address <b>4543 Winderwood Cir.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3659158</b>	
Zip <b>32835</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>METZGER, ALAN B</b> <b>4543 WINDERWOOD CICLE</b> <b>ORLANDO, FL 32835</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>METZGER, ALAN B</b> <b>4543 WINDERWOOD CICLE</b> <b>ORLANDO, FL 32835</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Alan B Metzger</i>			Date <b>4/19/05</b> Daytime Phone # <b>(407) 399-9522</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					