
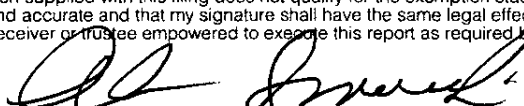


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90033 006 \*\*\*\*50.00

<b>DOCUMENT # L00000016341</b> 1. Entity Name <b>THE SPENCER AGENCY, LLC</b>																																																																																																																																			
Principal Place of Business <b>6301 N OCEAN BLVD PALM BEACH FL 33435</b>			Mailing Address <b>200 S BISCAYNE BLVD SUITE 1880 MIAMI FL 33131</b>																																																																																																																																
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip	Country	Zip	Country	4. FEI Number <b>65-1069664</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																																																																															
6. Name and Address of Current Registered Agent  <b>GOLDSTEIN, DAVID M ESQ 200 S. BISCAYNE BLVD., SUITE 1880 MIAMI FL 33131</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>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>																																																																																																																																			
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<b>SIGNATURE:</b>  <span style="float: right;">2/02/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																			



MOORE CR2E083 (11/03)

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

Applied For  
Not Applicable

City

Zip Code

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

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**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 2/02/04 Daytime Phone #