


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90180 019 \*\*\*\*50.00

<b>DOCUMENT # L00000016341</b>	
1. Entity Name <b>THE SPENCER AGENCY, LLC</b>	

Principal Place of Business <b>6301 N OCEAN BLVD OCEAN RIDGE, FL 33435</b>	Mailing Address <b>6301 N OCEAN BLVD OCEAN RIDGE, FL 33435</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40117924



01092007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GOLDSTEIN, DAVID M ESQ</b> <b>200 S. BISCAYNE BLVD., SUITE 1880</b> <b>MIAMI, FL 33131</b>		Name <b>Goldstein, David M. Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1441 Brickell Ave., Suite 1003</b> City <b>Miami</b> FL Zip Code <b>33131</b>	

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>MALNIK, ALVIN</b> STREET ADDRESS <b>%200 S. BISCAYNE BLVD., SUITE 1880</b> CITY-ST-ZIP <b>MIAMI, FL 33131</b>		TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Malnik, Alvin I.</b> STREET ADDRESS <b>6301 N. Ocean Blvd.</b> CITY-ST-ZIP <b>Ocean Ridge, FL 33435</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-8-07 561-733-3333

Date Daytime Phone #