

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011743

1. Entity Name
SPEG, LLC



Principal Place of Business
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131

Mailing Address
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1151441

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, PAUL M
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CUMMINGS, PAUL M
STREET ADDRESS 1428 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM
NAME VOLSKY, GEORGE
STREET ADDRESS 1 SOUTHEAST 3RD AVENUE
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM
NAME JACOBS, ERIC
STREET ADDRESS 13594 SW 58TH AVENUE
CITY-ST-ZIP MIAMI, FL 33156

TITLE MGRM
NAME KLEBANOFF, STEVEN
STREET ADDRESS 8 LONGBRIDGE DR.
CITY-ST-ZIP PORT CHESTER, NY 10573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000264437
03/16/05-80015-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #

11/12/05 305-321-7800