


**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**



**DO NOT WRITE IN THIS SPACE**

01112005 No Chg-LLC CR2E083 (10/03)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINGS, PAUL M 1428 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOLSKY, GEORGE 1 SOUTHEAST 3RD AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, ERIC 13594 SW 58TH AVENUE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEBANOFF, STEVEN 8 LONGBRIDGE DR. 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)(f), 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: Paul Cummings 1/12/05 305-321-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #