


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L01000011743 1. Entity Name SPEG, LLC	
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Principal Place of Business 1428 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131	Mailing Address 1428 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1151441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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

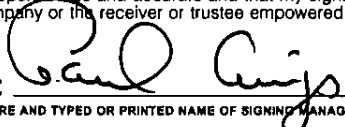
**Filing Fee is \$50.00
Due by May 1, 2007**

U00000700481
04/20/07-80016-021 50.00

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	

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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:  **4/5/07** **305-321-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #