

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90208 042 ****50.00

DOCUMENT # L01000011771

1. Entity Name
SPIDUN, LLC



Principal Place of Business Mailing Address

**2542 WILLIAMS BLVD.
 KENNER LA 70062** **2542 WILLIAMS BLVD.
 ATTN: LEGAL DEPT.
 KENNER LA 70062**

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

4. FEI Number Applied For

75-1508320 Not Applicable

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

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1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

**GART, DAVID A
 250 AUSTRALIAN AVENUE SOUTH, STE. 500
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Corporation Company of Miami (JAF)

Street Address (P.O. Box Number is Not Acceptable)
250 Australian Avenue South, Suite 500

City State Zip Code
West Palm Beach FL 33401

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 *J. A. J...* v. Pres. *Corp. Co. of Miami* 2. 14. 07

Signature, typed or printed name of registered agent and title if applicable (NOT) 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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MEM	SPICOM, INC.	2542 WILLIAMS BLVD.	KENNER LA 70062	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Guy M. Ceramic* 1/23/07 504-904-8500

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