


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L01000020931 | |
| 1. Entity Name SHAPIRO, SPEER PROPERTIES, LLC | |
|  | |
| Principal Place of Business 1703 WHITEHALL DR., APT. 104 FORT LAUDERDALE, FL 33324 | Mailing Address 1703 WHITEHALL DR., APT. 104 FORT LAUDERDALE, FL 33324 |
| DO NOT WRITE IN THIS SPACE | |



01042005No Chg-LLC

CR2E083 (10/03)

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

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | |
| SHAPIRO, HAROLD 1703 WHITEHALL DR., APT. 104 FORT LAUDERDALE, FL 33324 | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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

| | |
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| 9. MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHAPIRO, HAROLD L 1703 WHITEHALL DR. APT 104 FORT LAUDERDALE, FL 33324 |
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01/10/05-80056-006 50.00

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: Harold L. Shapiro (Harold L. Shapiro) 1/5/05 954 382 2868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #