
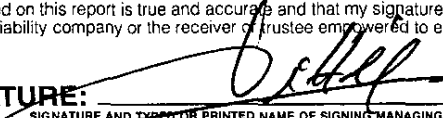


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90158 027 ****50.00

DOCUMENT # L02000009129 1. Entity Name SPECTRA CONSTRUCTION, LLC			
Principal Place of Business 2236 N. CYPRESS BEND DR., #408 POMPANO BEACH, FL 33069		Mailing Address 2236 N. CYPRESS BEND DR., #408 POMPANO BEACH, FL 33069	
2. Principal Place of Business 3526 SW Macan Rd Suite, Apt. #, etc.		3. Mailing Address 3526 SW Macan Rd. Suite, Apt. #, etc.	
City & State Port St-Lucie, FL		City & State Port St-Lucie, FL	
Zip 34953		Zip 34953	
Country USA		Country USA	
4. FEI Number 01-0666808		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 VIVIES, PATRICK 700 E. DANIA BEACH BLVD, SUITE 202 DANIA, FL 33004		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LITTEE, MARC 2236 N. CYPRESS BEND DR., #408 POMPANO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LITTEE, MARC. 3526 SW Macan Rd. Port St-Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 2/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	