

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021081

1. Entity Name
SPERBER PROPERTIES, LLC



Principal Place of Business
327 CLEMATIS STREET
WEST PALM BEACH, FL 33401

Mailing Address
327 CLEMATIS STREET
WEST PALM BEACH, FL 33401



01202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4233723

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPERBER, MORRIS W
327 CLEMATIS STREET
WEST PALM BEACH, FL 33401

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
MGR
SPERBER, MORRIS W
327 CLEMATIS STREET
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
MGR
SPERBER, MICHAEL W
327 CLEMATIS STREET
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
MGR
ALLEN, VALERIE S
283 ROYAL POINCIANA WAY
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
MGR
EMERSON, LEAH S
8116 NORTHBORO COURT
LAKE CLARK SHORES, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

000000058963
02/20/04-80062-012 150.00

**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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MORRIS W. SPERBER

2-17-04 561-655-8010