

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90025 028 \*\*\*\*50.00

**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

20027073



03212005 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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SPERBER, MORRIS W
STREET ADDRESS	327 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	SPERBER, MICHAEL W
STREET ADDRESS	327 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	ALLEN, VALERIE S
STREET ADDRESS	283 ROYAL POINCIANA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGR
NAME	EMERSON, LEAH S
STREET ADDRESS	8116 NORTHBORO COURT
CITY-ST-ZIP	LAKE CLARK SHORES, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

3/23/05 561-655-8010