

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90173 004 ****55.00

DOCUMENT # L02000023710

1. Entity Name
SPECTRUM ASSOCIATES, LLC



Principal Place of Business
**1124 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486 US**

Mailing Address
**1124 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486 US**



05022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBBINS, ROBERT G
1124 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486**

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROBBINS, ROBERT G
1124 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

[Signature] **[ROBERT G. ROBBINS]**

1 MAY, 2007

561-361-6380

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

Date

Daytime Phone #