

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000023823 1. Entity Name WILLIAM SPENCE, CONSULTANT, L.L.C.	
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Principal Place of Business 1432 GOODWOOD CT TALLAHASSEE, FL 32308	Mailing Address 1432 GOODWOOD CT TALLAHASSEE, FL 32308
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01052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 51-0423094	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SPENCE, WILLIAM E JR. 1432 GOODWOOD CT TALLAHASSEE, FL 32308

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 the fee payable (FROSE Registered Agent signature required when renewing) _____ DATE _____

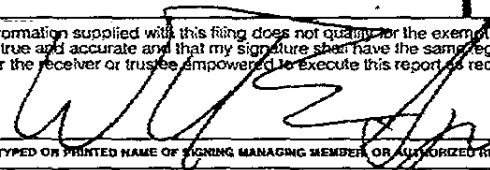
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR SPENCE, WILLIAM 1432 GOODWOOD CT TALLAHASSEE, FL 32308
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01/07/04-80003-009 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)(c), 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:  1-5-04 385-6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE _____ DATE _____ Daytime Phone _____