

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000054960

1. Entity Name

CHARLES SPENCER, LLC

Principal Place of Business Mailing Address

177 WALL AVENUE ORMOND BEACH, FL 32174

177 WALL AVENUE ORMOND BEACH, FL 32174 FILED Apr 23, 2007 08:00 A Secretary of State



04052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0502545

Applied For Not Applicable

5. Certificate of Status Desired



DATE

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

MANAGING MEMBERS/MANAGERS

SPENCER, CHARLES E JR. 177 WALL AVENUE ORMOND BEACH, FL 32174

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<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered age</li></ol>	ent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	
SIGNATURE C. hanles Sonner	4-19-07
$\frac{1}{2} \frac{1}{2} \frac{1}$	9610

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.

	NAME STREET ADDRESS	MGR SPENCER, CHARLES E JR. 177 WALL AVENUE	
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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l	<ol><li>I hereby certify that the information supplied with this filing does not qualify for the</li></ol>		

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U00000723802 05/02/07-80086-016 55.00

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 1 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

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Daylime Phone #