2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# L04000014623

Entity Name: SPACUS, LLC

Current Principal Place of Business:

5201 S. WESTSHORE BOULEVARD
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

5201 S. WESTSHORE BOULEVARD
TAMPA, FL 33611

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHIN, JANE
5201 S. WESTSHORE BOULEVARD
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

SHIN, SUE
5201 S. WESTSHORE BOULEVARD
TAMPA, FL 33611 US

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.

SIGNATURE: SUE SHIN 07/07/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SHIN, JANE
Address: 5201 S. WESTSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33611 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHIN, JANE
Address: 5201 S. WESTSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM ( ) Change (X) Addition
Name: SHIN, SUE
Address: 5201 S. WESTSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUE SHIN MGRM 07/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date