


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000016943 1. Entity Name SPENCER LAW FIRM, PLC	
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Principal Place of Business 3656 SHAMROCK WEST TALLAHASSEE, FL 32309	Mailing Address 3656 SHAMROCK WEST TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE



01162007No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-2367254	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SPENCER, GWENDOLYN J ESQUIRE 3656 SHAMROCK WEST TALLAHASSEE, FL 32309
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**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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SPENCER, GWENDOLYN J ESQUIRE 3656 SHAMROCK WEST TALLAHASSEE, FL 32309
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01/18/07-80047-002 50.00

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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: Gwendolyn J. Spencer 4/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #