


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90032 021 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L04000019392</b>   |  |  |  |  |  |
| <b>1. Entity Name</b><br>SPECTRA, L.L.C.   |  |  |  |   |  |
| <b>Principal Place of Business</b><br>105 GULF BREEZE BLVD.<br>VENICE, FL 34293  |  |  | <b>Mailing Address</b><br>105 GULF BREEZE BLVD.<br>VENICE, FL 34293  |   |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.   |  |  | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.   |   |  |
| <b>City &amp; State</b>  |  |  | <b>City &amp; State</b>  |   |  |
| <b>Zip</b>   |  | <b>Country</b>   |  | <b>4. FEI Number</b> <span style="font-size: 1.2em;">20-1970949</span>            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |  |  | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RICHR, J. GLENN<br>105 GULF BREEZE BLVD.<br>VENICE, FL 34293   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| <b>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.</b> |  |  |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | MGR<br>RICH, J. GLENN<br>105 GULF BREEZE BLVD.<br>VENICE, FL 34293 | <input type="checkbox"/> Delete                              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |  | <input type="checkbox"/> Delete                              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |  | <input type="checkbox"/> Delete                              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |  | <input type="checkbox"/> Delete                              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |  | <input type="checkbox"/> Delete                              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |  | <input type="checkbox"/> Delete                              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |

**11:** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-13-05**  
Date

**941-223-5027**  
Daytime Phone #