


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90094 026 ****55.00

DOCUMENT # L04000030780	
1. Entity Name SPEZIO ASSOCIATES LLC	

Principal Place of Business 425 KINGSTOWN DRIVE NAPLES FL 34102	Mailing Address 425 KINGSTOWN DRIVE NAPLES FL 34102
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2. Principal Place of Business 963 GALLEON DR	3. Mailing Address 963 GALLEON DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

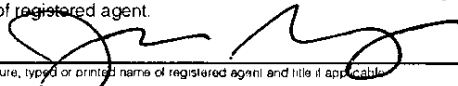
City & State NAPLES FLORIDA	City & State NAPLES, FLORIDA
Zip 34102	Zip 34102
Country USA	Country USA

4. FEI Number 20-1029212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SPEZIO, JOSEPH 425 KINGSTOWN DRIVE NAPLES FL 34102	
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7. Name and Address of New Registered Agent	
Name JOSEPH SPEZIO	
Street Address (P.O. Box Number is Not Acceptable) 963 GALLEON DR.	
City NAPLES, FLA	Zip Code FL 34102


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 _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By September 7, 2005	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEZIO, JOSEPH 425 KINGSTOWN DRIVE NAPLES FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEZIO, JOSEPH 963 GALLEON DRIVE NAPLES, FLA 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  Mgrm 8/15/05 585-737-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #