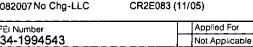
## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000035410 SPEAR AND COMPANY LLC Principal Place of Business Mailing Address 8855 COLLINS AVE. 8855 COLLINS AVE. **SUITE 1007 SUITE 1007** SURFSIDE, FL 33154 SURFSIDE, FL 33154 01082007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 34-1994543 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANZA, ALBERTO DO NOT WRITE 8855 COLLINS AVE **SUITE 1007** IN THIS SPACE SURFSIDE, FL 33154 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

**FILED** Jan 25, 2007 08:00 AM Secretary of State



SIGNATURES	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE	
,, ,, ,, <u>F</u>	lling Fee is \$50.00 ue by May 1, 2007		
. 9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANZA, ALBERTO 8855 COLLINS AVE SUITE 1007 SURFSIDE, FL 33154		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000602930 01/26/07-80111-008 50.	00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	and the second s	rualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the in	

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:

auner YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE