

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000035410

FILED
Jul 19, 2007
Secretary of State**Entity Name:** SPEAR AND COMPANY LLC**Current Principal Place of Business:**8855 COLLINS AVE.
SUITE 1007
SURFSIDE, FL 33154 US**New Principal Place of Business:****Current Mailing Address:**8855 COLLINS AVE.
SUITE 1007
SURFSIDE, FL 33154 US**New Mailing Address:****FEI Number:** 34-1994543**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LANZA, ALBERTO
8855 COLLINS AVE
SUITE 1007
SURFSIDE, FL 33154 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:**Title: MGR () Delete
Name: LANZA, ALBERTO
Address: 8855 COLLINS AVE SUITE 1007
City-St-Zip: SURFSIDE, FL 33154 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DIR () Change (X) Addition
Name: LANZA, GEORGE E
Address: 8855 COLLINS AVE, STE 1007
City-St-Zip: SURFSIDE, FL 33154 USTitle: DIR () Change (X) Addition
Name: LANZA JR, ALBERT A
Address: 8855 COLLINS AVE, STE 1007
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify 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: ALBERTO LANZA

MGR

07/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date