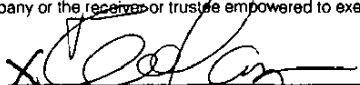


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90080 027 ***138.75

DOCUMENT # L04000035410					
1. Entity Name SPEAR AND COMPANY LLC					
Principal Place of Business 8855 COLLINS AVE. SUITE 1007 SURFSIDE, FL 33154 US			Mailing Address 8855 COLLINS AVE. SUITE 1007 SURFSIDE, FL 33154 US		
2. Principal Place of Business - No P.O. Box # 6423 Collins Ave Suite, Apt. #, etc. Apt. 1803		3. Mailing Address 37 Thyrsting Rd Suite, Apt. #, etc.			
City & State Miami Beach, FL		City & State Schuette, MA		4. FEI Number 34-1994543	
Zip 33141		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANZA, ALBERTO 8855 COLLINS AVE SUITE 1007 SURFSIDE, FL 33154		7. Name and Address of New Registered Agent Name: Lanza, George Street Address (P.O. Box Number, Not Acceptable): 6423 Collins Ave City: Miami Beach FL Zip Code: 33141			
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 \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANZA, ALBERTO 8855 COLLINS AVE SUITE 1007 SURFSIDE, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Seymour, Terie 37 Thyrsting Rd Schuette, MA 02066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LANZA, GEORGE E 8855 COLLINS AVE, STE 1007 SURFSIDE, FL 33154 <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	DIR LANZA JR, ALBERT A 8855 COLLINS AVE, STE 1007 SURFSIDE, FL 33154 <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 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: 			Date: 4/22/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

60041624



04222008 Chg-LLC CR2E083 (12/06)