

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065847

1. Entity Name
SPENCER INVESTMENTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 10:48

Principal Place of Business
6588 CAROLINE ST.
MILTON, FL 32570 US

Mailing Address
6588 CAROLINE ST.
MILTON, FL 32570 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number
90-0240907

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCER, DONALD C
6588 CAROLINE ST.
MILTON, FL 32570

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SPENCER, CHARLES H
6588 CAROLINE ST.
MILTON, FL 32570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700066258947 ☐ Change ☐ Addition
02/08/06-01003-002-\$25.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SPENCER, WILLIAM C
6588 CAROLINE ST.
MILTON, FL 32570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700066258947 ☐ Change ☐ Addition
02/20/06-01019-027-\$100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBEY, JENNIFER S
6588 CAROLINE ST.
MILTON, FL 32570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SPENCER, DONALD C
6588 CAROLINE ST.
Milton, FL 32570 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700066258947 ☐ Change ☐ Addition
02/20/06-01019-027-\$25.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/06

Date

850.453-7818

Daytime Phone #