

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90323 038 ****50.00

DOCUMENT # <u>LO50000339129</u>	
1. Entity Name <u>SPECULATION LLC</u> <u>04 3849609</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3926 COQUINA DR</u> Suite, Apt. #, etc.	3. Mailing Address <u>P.O. Box 415</u> Suite, Apt. #, etc.
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City & State <u>SANIBEL FL</u>	City & State <u>SANIBEL FL</u>	4. FEI Number <u>04 3849609</u>	Applied For Not Applicable
Zip <u>33957</u>	Country <u>LEE</u>	Zip <u>33957</u>	Country <u>LEE</u>

60046937
CR2E083B (8/05)

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <u>DEAN SKAUGSTAD</u>	Street Address (P.O. Box Number is Not Acceptable) <u>3851 COQUINA DR</u>
City <u>SANIBEL</u>	State <u>FL</u>
Zip Code <u>33957</u>	

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>DEAN SKAUGSTAD</u> <u>3851 COQUINA RD. BOX 415</u> <u>SANIBEL FL 33957</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>SHIRLEY SKAUGSTAD</u> <u>3851 COQUINA RD. BOX 415</u> <u>SANIBEL, FL 33957</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] 4/26/07 395 472 8578