

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047018

Entity Name: SPIRE GROUP LLC

FILED  
Jul 07, 2006  
Secretary of State

**Current Principal Place of Business:**

505 S. FLAGLER DRIVE  
SUITE 405  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 S. FLAGLER DRIVE  
SUITE 405  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 20-3536250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GEOFFROY, MATTHEW  
3235 32ND COURT  
JUPITER, FL 33477 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: MGRM ( ) Delete  
Name: GEOFFROY, MATTHEW  
Address: 3235 32ND COURT  
City-St-Zip: JUPITER, FL 33477 US

Title: MGRM ( ) Delete  
Name: STOROZUK, SHAWNA  
Address: 3235 32ND COURT  
City-St-Zip: JUPITER, FL 33477 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GEOFFROY, SHAWNA  
Address: 3235 32ND COURT  
City-St-Zip: JUPITER, FL 33477 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW R. GEOFFROY

MGRM

07/07/2006

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