

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084497

Entity Name: SPG REIF SPEC I, LLC

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

4805 WEST LAUREL STREET
SUITE 230
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4805 WEST LAUREL STREET
SUITE 230
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 20-3364099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, STEVEN P ESQ.
4805 WEST LAUREL STREET
SUITE 230
TAMPA, FL 33607 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: WITTNER, JONATHAN I
Address: 814 BRATENBURG WAY
City-St-Zip: LUTZ, FL 33548 US

Title: MGRM () Delete
Name: JACKSON, BARRY R
Address: 6006 PRATT STREET
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: RILEY, STEVEN P
Address: 10615 TAVISTOCK DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WITTNER, JONATHAN I
Address: 814 BRANTENBURG WAY
City-St-Zip: LUTZ, FL 33548 US

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

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

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: STEVEN P RILEY

MGRM

03/29/2007

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