

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084497

Entity Name: SPG REIF SPEC I, LLC

FILED  
Apr 04, 2008  
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 BRANTENBURG 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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

04/04/2008

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