2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 14, 2006 8:00 am Secretary of State **DOCUMENT # L05000085945** 03-14-2006 90204 041 ****50.00 THE SPECTOR GROUP, L.L.C. Principal Place of Business Mailing Address 20015860 P.O. BOX 880186 P.O. BOX 880186 BOCA RATON, FL 33488 BOCA RATON, FL 33488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 Chg-LLC CR2E083 (11/05) 20-3400534 Applied For City & State City & State Not Applicable Country Zio Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALONSO, JOANNE Street Address (P.O. Box Number is Not Acceptable) 2964 NW 41 STREET BOCA RATON, FL 33434 Zip Code City 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) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change MGRM ☐ Addition ☐ Delete TITLE TITLE NAME ALONSO, JOANNE NAME STREET ADDRESS P.O. BOX 880186 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33488 CITY-ST-7IP □ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone