


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90033 029 \*\*\*\*50.00

<b>DOCUMENT # L05000087980</b>	
1. Entity Name 804 SPIA LLC	

Principal Place of Business 18206 COLLINS AVE SUNNY ISLES, FL 33160	Mailing Address 18206 COLLINS AVE SUNNY ISLES, FL 33160
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60038172



2. Principal Place of Business - No P.O. Box # 9577 Harding Ave.	3. Mailing Address 9577 Harding Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02202007 Chg-LLC CR2E083 (12/06)

City & State Surfside, FL	City & State Surfside, FL	4. FEI Number 20-3555042	Applied For <input type="checkbox"/> Not Applicable
Zip 33154	Country USA	Zip 33154	Country USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALPERN, FERNANDO 18206 COLLINS AVE SUNNY ISLES, FL 33160		7. Name and Address of New Registered Agent Name Alpern, Fernando Street Address (P.O. Box Number is Not Acceptable) 9577 Harding Ave. City Surfside FL Zip Code 33154	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASQUENAZI, JACOBO 18206 COLLINS AVE SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Asquenazi, Jacobo 9577 Harding Ave. Surfside, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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:** \_\_\_\_\_