


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90160 012 ***138.75

| | |
|--------------------------------|---|
| DOCUMENT # L05000087993 |  |
| 1. Entity Name 202 SPIA LLC | |

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| Principal Place of Business 9577 HARDING AVE. SURFSIDE, FL 33154 | Mailing Address 9577 HARDING AVE. SURFSIDE, FL 33154 |
|--|--|

30004885

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| 2. Principal Place of Business - No P.O. Box # 18246 Collins Ave | 3. Mailing Address 18246 Collins Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



04012008 Chg-LLC CR2E083 (12/06)

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|---------------------------------|---------------------------------|
| City & State Sunny Isles, FL | City & State Sunny Isles, FL |
| Zip 33160 | Country USA |
| Zip 33160 | Country USA |

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|---|--|
| 4. FEI Number 20-4044623 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ALPERN, FERNANDO 9577 HARDING AVE. SURFSIDE, FL 33154 | |
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| 7. Name and Address of New Registered Agent | |
| Name Alpern, Fernando | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 18246 Collins Ave. | |
| City Sunny Isles | FL Zip Code 33160 |

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 _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ASQUENAZI, JACOBO 9577 HARDING AVE. SURFSIDE, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Asquenazi, Jacobo 18246 Collins Ave. Sunny Isles, FL 33160 <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: _____ | DATE _____ | Daytime Phone # _____ |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |