

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097320

Entity Name: FORTIS SPECTRUM, LLC

FILED
May 15, 2007
Secretary of State

Current Principal Place of Business:

3245 CLIMBING IVY TRAIL
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

13568 ISLA VISTA DRIVE
JACKSONVILLE, FL 32224 US

Current Mailing Address:

511 SADDLE RIDGE DRIVE
KNOXVILLE, TN 37922 US

New Mailing Address:

FEI Number: 20-3578167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KAEUPER, JON C
3245 CLIMBING IVY TRAIL
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

KAEUPER, JON C
13568 ISLA VISTA DRIVE
JACKSONVILLE, FL 32224 US

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:

05/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAEUPER, JON
Address: 511 SADDLE RIDGE DRIVE
City-St-Zip: KNOXVILLE, FL 37922 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: NOVAK, AMY L
Address: 13755 OAK TREE TERRACE
City-St-Zip: JACKSONVILLE, FL 32224

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: JON KAEUPER

MGRM

05/15/2007

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