


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90056 027 \*\*\*\*50.00

<b>DOCUMENT # L05000110760</b>	
1. Entity Name KEVIN M. SPINA LLC	

Principal Place of Business 11800 VALENCIA GARDENS AVE. PALM BEACH GARDENS, FL 33410	Mailing Address 11800 VALENCIA GARDENS AVE. PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business - No P.O. Box # <b>2464 San Pietro Circle</b>	3. Mailing Address <b>2464 San Pietro Circle</b>
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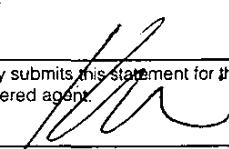


04172007 Chg-LLC CR2E083 (12/06)

City & State <b>Palm Beach Gardens, FL</b>	City & State <b>Palm Beach Gardens, FL</b>	4. FEI Number <b>20-3800375</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33410</b>	Country <b>USA</b>	Zip <b>33410</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  SPINA, KEVIN M 11800 VALENCIA GARDENS AVE. PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name <b>Spina, Kevin M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2464 San Pietro Circle</b>  City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33410</b>
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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.

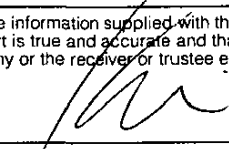
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **4/25/07**

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPINA, KEVIN M 11800 VALENCIA GARDENS AVE. PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2464 San Pietro Circle</b> <b>Palm Beach Gardens, FL 33410</b>
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
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

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 **4/25/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE