

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115278

Entity Name: SPISAN 4348, LLC

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD. STE.207  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

1820 NORTH CORPORATE LAKES BLVD. STE.207  
WESTON, FL 33326

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

## Name and Address of New Registered Agent:

MARTINEZ, ISABEL  
1820 NORTH CORPORATE LAKES BLVD. STE.207  
WESTON, FL 33326 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SANTAELLA, OSCAR  
Address: 1820 NORTH CORPORATE LAKES BLVD. STE.207  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: ESPINOZA, NORIS TERESA  
Address: 1820 NORTH CORPORATE LAKES BLVD. STE.207  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SANTAELLA, OSCAR

MGR

05/01/2006

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