

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117867

FILED
Jan 17, 2008
Secretary of State

Entity Name: THE SPEARE HOUSE, LLC

Current Principal Place of Business:

5610 CAPE HARBOUR DR., #102
CAPE CORAL, FL 33914 US

New Principal Place of Business:

5610 CAPE HARBOUR DR.
102
CAPE CORAL, FL 33914 US

Current Mailing Address:

5610 CAPE HARBOUR DR., #102
CAPE CORAL, FL 33914 US

New Mailing Address:

1616 102 W. CAPE CORAL PKWY
166
CAPE CORAL, FL 33914 US

FEI Number: 55-0915298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPERONIS, ROBIN
1616-102 W. CAPE CORAL PKWY
PMB #166
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: SPERONIS, ROBIN
Address: 1616-102 W. CAPE CORAL PKWY, PMB # 166
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM () Delete
Name: SPERONIS, XENOPHON L
Address: 1616-102 W. CAPE CORAL PKWY, PMB # 166
City-St-Zip: CAPE CORAL, FL 33914 US

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 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: ROBIN SPERONIS

MGRM

01/17/2008

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