

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000186

Entity Name: SPIN-JENSEN BEACH, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

4474 WESTON ROAD
SUITE 157
FT. LAUDERDALE, FL 33331

New Principal Place of Business:

Current Mailing Address:

4474 WESTON ROAD
SUITE 157
FT. LAUDERDALE, FL 33331

New Mailing Address:

FEI Number: 27-0135612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NADLER, DANIEL M
4474 WESTON ROAD
SUITE 157
FT. LAUDERDALE, FL 33331 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: NADLER, DANIEL M
Address: 4474 WESTON ROAD, SUITE 157
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: MGRM () Delete
Name: FRANK, IRWIN M
Address: 5910 LANDERBROOK DR., SUITE 200
City-St-Zip: PEPPER PIKE, OH 44124

Title: MGRM () Delete
Name: COHEN, MARTIN J
Address: 6267 STUMPH RD., SUITE 1-A
City-St-Zip: PARMA HEIGHTS, OH 44130

ADDITIONS/CHANGES:

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

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: DANIEL M. NADLER

MGRM

04/28/2008

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