


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000003938						FILED 07 MAY 23 PM 12:56 DEPT. OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ASSURED SPE MANAGEMENT LLC				Principal Place of Business 510 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32746			
Mailing Address 510 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32746				2. Principal Place of Business - No P.O. Box #			
3. Mailing Address Suite, Apt. #, etc.				4. FEI Number 01232007 Chg-LLC CR2E083 (12/06)			
City & State				Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent MEADOWS, DAVID 510 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32746	
7. Name and Address of New Registered Agent Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL Zip Code	
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 _____							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEADOWS, DAVID 510 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32746			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
400103907104 06/05/07--01015--012 **600.00				MEADOWS, DAVID 510 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32746			
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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: _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							
Date _____ Daytime Phone # _____							