

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038646

FILED
Jul 06, 2007
Secretary of State

Entity Name: SPECTRUS GROUP LLC

Current Principal Place of Business:

12426 W. EXPLORER DR., SUITE 220
BOISE, ID 83713

New Principal Place of Business:

Current Mailing Address:

12426 W. EXPLORER DR., SUITE 220
BOISE, ID 83713

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SWENSON, DOUGLAS L
Address: 12426 W. EXPLORER DR., SUITE 220
City-St-Zip: BOISE, ID 83713

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

Title: MGR () Delete
Name: BRINGHURST, GARY
Address: 12426 W. EXPLORER DR., SUITE 220
City-St-Zip: BOISE, ID 83713

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

Title: MGR () Delete
Name: REEVE, THOMAS V
Address: 12426 W. EXPLORER DR., SUITE 220
City-St-Zip: BOISE, ID 83713

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

Title: MGR () Delete
Name: BROOME, LEE
Address: 12426 W. EXPLORER DR., SUITE 220
City-St-Zip: BOISE, ID 83713

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

Title: MGR () Delete
Name: JOHNSON, PETE
Address: 12426 W. EXPLORER DR., SUITE 220
City-St-Zip: BOISE, ID 83713

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MANSELL, AL
Address: 12426 W. EXPLORER DR., STE. 220
City-St-Zip: BOISE, ID 83713

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: DOUGLAS SWENSON

MGR

07/06/2007

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