2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 31, 2007 8:00 am Secretary of State

DOCUMENT # L06000064113 1. Entity Name SPCT, LLC						08-31	-2007 900	066 033	****50.00	0
Principal Place of Business 3697 NORTHEAST 124TH AVE CORAL SPRINGS, FL 33065 Mailing Address 3697 NORTHEAST 124TH AVE CORAL SPRINGS, FL 33065				- ,		14 11 1hin 1 40		18 01 1 501 1	120 6 11 20 6 18 060 61	1481 114 1 48 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			080220	07 Chg	-LLC	CR2E	083 (12/06)	
City & State		City & State			4. FEIN	20 - 8	4681	73	<u> </u>	oplied For of Applicable
Zip	Country	Zip	Count	try	5. Certifi	cate of Statu			\$5.00 Add	litional
	6. Name and Address of Current F	Registered Agent	<u> </u>		7. Name	and Addres	s of New Ro	egistered	Agent	
-				Name						
TOBIN & REYES, P.A. 7251 WEST PALMETTO PARK RD STE 205		Street Ad		ddress (P.O. Box N	umber is No	t Acceptable)			
BOCA RA	TON, FL 33433		ļ	City					Zip Cod	
9 The above	named antity submits this statement for	the purpose of changing its registered office or registe			registered agent of	r both in the	State of Ele	FL		
	tions of registered agent.	the purpose of changing its	registere	a onice or	registered agent, t	a bour, in the	3 State of 1 to	nua. Fam	ianimai wini,	апо ассері
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	d Agent signatu	re required when reinstating	n)		DATE		
						•				
Fil Due l	ling Fee is \$50.00 by September 14, 2007		<u>.</u>						payable to nent of State	e
Fil Due I	ling Fee is \$50.00	RS/MANAGERS	10.					Departn	nent of Stat	e
Due I	ling Fee is \$50.00 by September 14, 2007	RS/MANAGERS		í	mgam	Si off L	Florida ADDITIONS/	Departn CHANGES	nent of Stat	e Addition
9.	ing Fee is \$50.00 by September 14, 2007 MANAGING MEMBER		10. TITLE NAME STREE	í	MGAM Patterson: 3	Scott L N- 1244	Florida ADDITIONS/	CHANGES	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM PATTERSON, SCOTT L 3697 NORTHEAST 124TH AVE CORAL SPRINGS, FL 33065 MGRM TURNER, CHARLES 3697 NORTHEAST 124TH AVE		10. TITLE NAME STREIC CITY- TITLE NAME STREI	ET ADDRESS - ST - ZIP EET ADDRESS	MGAM Patterson: 3697 N.S Coral Spr MGEM Turner: C	Scott L d. 1244 ings, FL Tharle J. 1244	Florida ADDITIONS/ ADDITIONS/ ADDITIONS/ 3304	CHANGES	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM PATTERSON, SCOTT L 3697 NORTHEAST 124TH AVE CORAL SPRINGS, FL 33065 MGRM TURNER, CHARLES	☐ Delete	10. TITLE NAME STREIC CITY- TITLE NAME STREI	E ET ADDRESS :- ST-ZIP :	MGAM Patterson: 3697 N.: Coral Spr MGEM	Scott L d. 1244 ings, FL Tharle J. 1244	Florida ADDITIONS/ ADDITIONS/ ADDITIONS/ 3304	CHANGES	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM PATTERSON, SCOTT L 3697 NORTHEAST 124TH AVE CORAL SPRINGS, FL 33065 MGRM TURNER, CHARLES 3697 NORTHEAST 124TH AVE	☐ Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	MGAM Patterson: 3697 N.S Coral Spr MGEM Turner: C	Scott L d. 1244 ings, FL Tharle J. 1244	Florida ADDITIONS/ ADDITIONS/ ADDITIONS/ 3304	CHANGES	Change	☐ Addition
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1. I hereby certify that the information supplied with this filling does not quality 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 of 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

8/29/07

Daylime Phone #