2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015696

2001 SARA LEE LANE

TALLAHASSEE, FL 32312

Address:

City-St-Zip:

Entity Name: SPENCER FAMILY ENTERPRISES, L.L.C.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 640 EAST CALL STREET TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 640 EAST CALL STREET TALLAHASSEE, FL 32301 FEI Number: 20-8427986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDBERG, STUART E ESQ. 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308 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: MGRM Title: () Change () Addition () Delete SPENCER, WILLIAM E Name: Name: Address: 640 EAST CALL STREET Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SPENCER, PHILLIP A Name: Address: 100 CADIZ STREET, UNIT 102 Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition SPENCER, SARA B Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM E. SPENCER MGRM 04/21/2009