

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-01-2008 90064 005 ***138.75

DOCUMENT # L07000027202																																																																																																																																																											
1. Entity Name SPQR MANAGEMENT, LLC																																																																																																																																																											
Principal Place of Business 1681 N.W. 97TH AVENUE DORAL, FL 33172			Mailing Address 1681 N.W. 97TH AVENUE DORAL, FL 33172																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 1845 NW 112 AVENUE		3. Mailing Address 1845 NW 112 AVENUE																																																																																																																																																									
Suite, Apt., etc. 199		Suite, Apt., etc. 199																																																																																																																																																									
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Zip 33172		Country USA		Zip 33172																																																																																																																																																							
Country USA		4. FEI Number 32-0205255																																																																																																																																																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent DE LEO, RICARDO 1681 N.W. 97TH AVENUE DORAL, FL 33172			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ 1845 NW 112 th AVE., STE: 199 City: MIAMI FL Zip: 33172																																																																																																																																																								
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: <u>Ricardo de Leo</u> DATE: <u>3/19/08</u> (NOTE: Registered Agent signature required when changing agent)																																																																																																																																																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">1845 NW 112 AV., STE: 199</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DE LEO, SANTE</td> <td></td> <td>NAME</td> <td>1845 NW 112 AV., STE: 199</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1681 N.W. 97TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td>1845 NW 112 AV., STE: 199</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DORAL, FL 33172</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>1845 NW 112 AV., STE: 199</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DE LEO, GINA</td> <td></td> <td>NAME</td> <td>1845 NW 112 AV., STE: 199</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1681 N.W. 97TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td>1845 NW 112 AV., STE: 199</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DORAL, FL 33172</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>1845 NW 112 AV., STE: 199</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DE LEO, ROBERTO</td> <td></td> <td>NAME</td> <td>1845 NW 112 AV., STE: 199</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1681 N.W. 97TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td>1845 NW 112 AV., STE: 199</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DORAL, FL 33172</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>1845 NW 112 AV., STE: 199</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DE LEO, RICARDO</td> <td></td> <td>NAME</td> <td>1845 NW 112 AV., STE: 199</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1681 N.W. 97TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td>1845 NW 112 AV., STE: 199</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DORAL, FL 33172</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	☐ Delete	TITLE	1845 NW 112 AV., STE: 199	☒ Change ☐ Addition	NAME	DE LEO, SANTE		NAME	1845 NW 112 AV., STE: 199		STREET ADDRESS	1681 N.W. 97TH AVENUE		STREET ADDRESS	1845 NW 112 AV., STE: 199		CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172		TITLE	MGRM	☐ Delete	TITLE	1845 NW 112 AV., STE: 199	☒ Change ☐ Addition	NAME	DE LEO, GINA		NAME	1845 NW 112 AV., STE: 199		STREET ADDRESS	1681 N.W. 97TH AVENUE		STREET ADDRESS	1845 NW 112 AV., STE: 199		CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172		TITLE	MGRM	☐ Delete	TITLE	1845 NW 112 AV., STE: 199	☒ Change ☐ Addition	NAME	DE LEO, ROBERTO		NAME	1845 NW 112 AV., STE: 199		STREET ADDRESS	1681 N.W. 97TH AVENUE		STREET ADDRESS	1845 NW 112 AV., STE: 199		CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172		TITLE	MGRM	☐ Delete	TITLE	1845 NW 112 AV., STE: 199	☒ Change ☐ Addition	NAME	DE LEO, RICARDO		NAME	1845 NW 112 AV., STE: 199		STREET ADDRESS	1681 N.W. 97TH AVENUE		STREET ADDRESS	1845 NW 112 AV., STE: 199		CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>Ricardo de Leo</u> DATE: <u>3/19/08</u> CHRYME PHONE #: <u>305940850</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																																											