


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90127 041 \*\*\*138.75

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| DOCUMENT # L07000049264  |   |  |   |         |  |
| 1. Entity Name<br>SPHERE VILLAGE, LLC  |   |  |   |  |  |
| Principal Place of Business<br>5433 N. UNIVERSITY DR #108<br>LAUDERHILL, FL 33351  |   |  | Mailing Address<br>5433 N. UNIVERSITY DR #108<br>LAUDERHILL, FL 33351 |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><i>5953 ROYAL WAY</i>  |   | 3. Mailing Address<br><i>5953 ROYAL WAY</i>  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State<br><i>TAMARAC, FL</i>   |   | City & State<br><i>TAMARAC, FL</i>   |   | 4. FEI Number<br><i>33-1168342</i>   |  |
| Zip<br><i>33321</i>  |   | Country<br><i>BROWARD</i>  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br>GRAY-NELSON, ERICA C ESQ<br>5953 ROYAL WAY<br>TAMARAC, FL 33321   |   | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City <i>FL</i> 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 _____  |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   | Make check payable to<br>Florida Department of State   |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>NELSON, WAYNE<br>5433 N. UNIVERSITY DR #108<br>LAUDERHILL, FL 33351 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <i>MGRM<br/>NELSON, WAYNE<br/>5953 ROYAL WAY<br/>TAMARAC, FL 33321</i>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <i>Wayne Nelson</i>   |   |  | Date: <i>4/15/08</i> 954-707-2009                                     |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Daytime Phone #   |  |  |