2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

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DOCUN 1. Entity Name SPY STOI		188			1		: 90066 020 ***1	38.75
Principal Place of Business Mailing Address						60003403		
301 W ATLAN	TIC AVENUE	301 W ATLANTIC AVENUE			,			
R3B Delray Beach, Fl. 33444		R3B						
DELKAY BEAU	.H, FL 33444	DELRAY BEACH, FL 33	444					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Numb	1849794	<u> </u>	plied For Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent		_	7. Name and	d Address of New Re	gistered Agent	
CTACK IODAD				Name				
STACY, JODY R 301 W ATLANTIC AVENUE R3B			Street	Address (s (P.O. Box Number is Not Acceptable)			
DELRAY BEACH, FL 33444			City				□	1
							<u> </u>	
the obligati	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office	or register	ed agent, or bo	on, in the state of rion	ua. Tam tamiliai with,	апо ассері
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sigi	nature required) when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							check payable to Department of State	•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	CHANGES	
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	STACY, JODY R		NAME					
STREET ADDRESS	301 W ATLANTIC AVENUE R3B		STREET ADDRES CITY-ST-ZIP	S				
CITY-ST-ZIP	MGRM	-					☐ Change	Addition
TITLE NAME	TOSCANI, SABINA	Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS	301 W ATLANTIC AVENUE R3B		STREET ADDRES	s				
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	1			☐ Change	☐ Addition
NAME			NAME	i				
STREET ADDRESS			STREET ADORES	s				
CITY-ST-ZIP			CITY-ST-ZIP	+			Channa	Addition
TITLE		☐ Delete	TITLE NAME				☐ Change	Mudition
STREET ADDRESS			STREET ADDRES	s				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME	_				
STREET ADDRESS			STREET ADDRES	3				
CITY-ST-ZIP		<u> </u>	-	 			☐ Change	☐ Addition
TITLE NAME		Delete	TITLE NAME				□ change	☐ Addition
STREET ADDRESS			STREET ADDRES	s				
CITY-ST-ZIP			CITY-ST-ZIP					
11. I hereby	certify that the information supplied wit	h this filing does not qualify fo	r the exemptions	contained	I in Chapter 119	9, Florida Statutes. I fu	ther certify that the info	ormation

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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:
SIGNATURE AND A PED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-18-07

(954)822-7497