

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124108

Entity Name: SPISE & PARTNERS LLC

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

6770 INDIAN CREEK DR.
PH-S
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6770 INDIAN CREEK DR.
PH-S
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 26-1565375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, ENRIQUE A MR.
6770 INDIAN CREEK DR.
PH-S
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: GONZALEZ, ENRIQUE A MR.
Address: 6770 INDIAN CREEK DR. PH-S
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR () Delete
Name: VALLEJO, ESTELA M MRS.
Address: 6770 INDIAN CREEK DR. PH-S
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR () Delete
Name: FUENTES, STELLA MRS.
Address: 6770 INDIAN CREEK DR. PH-S
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ENRIQUE GONZALEZ

MGR

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date