


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L94000000694**

1. Entity Name  
**SPIN-FLA1 L.C.**



Principal Place of Business      Mailing Address

**4474 WESTON RD SUITE 157**      **4474 WESTON RD SUITE 157**  
**DAVIE, FL 33331**      **DAVIE, FL 33331**

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number  
**65-0547504**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NADLER, DANIEL M M**  
**SPINNAKER PROPERTIES, INC.**  
**1112 WESTON RD., PMB 175**  
**FT. LAUDERDALE, FL 33326**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

00000332352  
 04/26/05-80054-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NADLER, DANIEL M 4474 WESTON RD SUITE 157 DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANK, IRWIN M 28001 CHAGRIN BLVD., STE 300 CLEVELAND, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **DANIEL M. NADLER**      4/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #