2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000000212

1. Entity Name SPECTRUM PROPERTIES, L.L.C.



FILED Jan 20, 2004 08:00 AM Secretary of State

Principal Place of Business

3410 W. NINE MILE ROAD PENSACOLA, FL 32526-7808 Mailing Address

3410 W. NINE MILE ROAD PENSACOLA, FL 32526-7808



01152004No Chg-LLC DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3550566 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (10/03)

6. Name and Address of Current Registered Agent

JONES, H. GORDON 3410 W. NINE MILE ROAD PENSACOLA, FL 32526-7808

DO	NOT	WRITE
IN	THIS	SPACE

		The state of the s			
	named entity submits this statement for the purpose of changi ions of registered agent.	ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE_		· · · · · · · · · · · · · · · · · · ·			
- SIGIVATORE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstalling) DATE			
Filing Fee is \$50.00 Due by May 1, 2004					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, H. GORDON 3410 W. NINE MILE ROAD PENSACOLA, FL 325267808				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U1/20/04-80075-006 50.00			
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TITLE NAME STREET ADORESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby of indicated	certify that the information supplied with this filling does not qua on this report is true and accurate and that my signature shall	alify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as it 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: Manasan	1-15-0	4 80	9993794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRES	SENTATIVE	Date	Daytime Phone #