

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90057 010 ****50.00

DOCUMENT # L99000002218

1. Entity Name
SPOGAIN INVESTMENTS, L.L.C.



Principal Place of Business
650 WEST AVE #1510
MIAMI BEACH, FL 33139

Mailing Address
650 WEST AVE #1510
MIAMI BEACH, FL 33139

20000000



2. Principal Place of Business
3719 Battersea Road
Suite, Apt. #, etc.

3. Mailing Address
3719 Battersea Road
Suite, Apt. #, etc.

01212005 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0932608

Applied For
Not Applicable

Zip Country
33133 USA

Zip Country
33133 USA

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

6. Name and Address of Current Registered Agent

OLSTER, RONALD
650 WEST AVE #1510
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name Ronald Olster
Street Address (P.O. Box Number is Not Acceptable) 3719 Battersea Road
City MIAMI FL Zip Code 33133

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 Ronald Olster

1/21/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME OLSTER, RONALD ☐ Delete
STREET ADDRESS 650 WEST AVE #1510
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME OLSTER, RONALD ☒ Change ☐ Addition
STREET ADDRESS 3719 Battersea Road
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ronald Olster

1/21/05 305-970-3382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #