


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002592

1. Entity Name
SPECHLER FAMILY LLC



Principal Place of Business
% BRENT SPECHLER
917 N. NORTHLAKE DRIVE
HOLLYWOOD, FL 33019

Mailing Address
% BRENT SPECHLER
917 N. NORTHLAKE DRIVE
HOLLYWOOD, FL 33019



02092005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0935800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPECHLER, BRENT
917 N. NORTHLAKE DRIVE
HOLLYWOOD, FL 33019

**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 title if applicable (NOTE: Registered Agent signature required when reinstating)

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

1100000277580
02/14/05-80005-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPECHLER FAMILY PARTNERSHIP, L.P. 917 N. NORTHLAKE DRIVE HOLLYWOOD, FL 33019
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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)(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: Brent A. Spechler 2/10/05 954 922 2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BRENT A SPECHLER