


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000002592 1. Entity Name SPECHLER FAMILY LLC	
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Principal Place of Business % BRENT SPECHLER 917 N. NORTHLAKE DRIVE HOLLYWOOD, FL 33019	Mailing Address % BRENT SPECHLER 917 N. NORTHLAKE DRIVE HOLLYWOOD, FL 33019
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DO NOT WRITE IN THIS SPACE



04282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0935800	Applied For <input type="checkbox"/> 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**

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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, 2007**

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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05/21/07-80003-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/26/07 954 922 2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #