2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 19, 2007 08:00 AM Secretary of State DOCUMENT # M03000000520 SPECTRUM CAUBLE MANAGEMENT, LLC Principal Place of Business Mailing Address 5871 GLENRIDGE DRIVE 5871 GLENRIDGE DRIVE SUITE 400 ATLANTA GA 30328 ATLANTA GA 30328 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt #, otc. 1st MOORE CR2E083 (10/06) 4. FEI Number Applied For City & State City & State 58-2564490 Not Applicable Zip Country \$5.00 Additional Country Zıp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331 City Zip Code 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, typed or privided name of registered agent and bits if applicable. DATE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. THIII ☐ Change Addition MGR ☐ Delete TITLI. NAME BARRY, JONATHAN D NAMI STREET ADDRESS STREET ADDRESS 5871 GLENRIDGE DRIVE CiTY-ST-ZIP ATLANTA GA 30328 CITY+ST-7IP HILE ☐ Change Addition MGR ☐ Delete DHE NAMI. SWAIN, CHARLES S NAMI U00000642043 STREET ADDRESS STREET ADDRESS 5871 GLENRIDGE DRIVE 03/01/07-80023-019 50.00 CITY-ST-ZIP CHY-51-71P ATLANTA GA 30328 ☐ Change Addition Delete TITLE. WILLIAMS, JANICE C STREET ADDRESS STRUCT ADDRESS 5871 GLENRIDGE DRIVE CITY - ST - 7IP CITY-ST-7IP ATLANTA GA 30328 MILE □ Delete П Спалое ■ Addition NAME CALDWELL, BICKERTON NAME STREET ADDRESS STREET LADORESS 5871 GLENRIDGE DRIVE CITY-ST-7IP CHY-SI-7P ATLANTA GA 30328 BILE ☐ Delete ☐ Change ☐ Addition THILE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP 101130 Delete Change Addition | NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY-ST-7/P

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

FILED