## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000003909

1. Entity Name

SPECTRUM CONDOS, LLC

Principal Place of Business

**781 LARSON STREET** JACKSON, MS 39202 Mailing Address

**781 LARSON STREET** JACKSON, MS 39202

## **FILED** Jul 24, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

07022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4937475

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VOYLES, JASON 14825 FRONT BEACH RD UNIT 610 PANAMA CITY BEACH, FL 32413

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of ch	anging its regimered office	bor registered agent, or both	, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.		*		
			7/102	· <b>1</b>
SIGNATURE	$\longrightarrow$		1170	<u>J '</u>
Signature, typed or printed name of registered agent and title if applicable	(NOTE, Requirered Appril s	ignature required when reinstating)	1, 10	TATE

Filing Fee is \$50.00 Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOYLES, JASON 781 LARSON STREET JACKSON, MS 39202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, U00000770197 07/24/07-80006-009 50.00
TITLE NAME STREET ADDRESS CITY: ST: ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		the exemption contained in Chapter 119, Florida Statutes I further certify that the informati

indicated on this report is true and accurate and that my signature shall have the same limited liability company or the receiver or trustee empowered to execute his report legal effect as if made under oath; that I am a managing member or manager of the required by Chapter 608. Florida Statutes.

SIGNATURE: 🚄

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

Daytime Phone #