


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # M07000005798 1. Entity Name INFRASTRUCTURE SPE, LLC	
---	---

Principal Place of Business 111 CORNING ROAD, SUITE 250 CARY, NC 27518	Mailing Address 111 CORNING ROAD, SUITE 250 CARY, NC 27518
--	--

DO NOT WRITE IN THIS SPACE



02252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-1091144	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 INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301

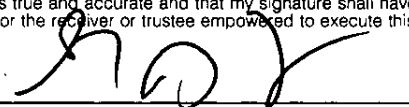
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U000000906106 05/05/08-80009-005 138.75
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANG, GLEN D 111 CORNING ROAD, SUITE 250 CARY, NC 27518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date
Daytime Phone #