

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90183 012 ****55.00

DOCUMENT # M99000000484

1. Entity Name
SPECTRUM FLORIDA, LLC



Principal Place of Business
**1440 N. NOVA ROAD, SUITE 308
HOLLY HILL, FL 32117**

Mailing Address
**28969 INFORMATION LANE
EASTON, MD 21601**

20010721



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2156185

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **P Wicks** ☐ Delete
STREET ADDRESS **WICKS, DONALD E**
CITY-ST-ZIP **1999 BROADWAY STE 3200
DENVER, CO 80202**

TITLE
NAME **MANAGER** ☒ Change ☐ Addition
STREET ADDRESS **WICKS, DONALD E.**
CITY-ST-ZIP **1560 BROADWAY, SUITE 2000
DENVER, CO 80202**

TITLE
NAME **V** ☐ Delete
STREET ADDRESS **BANTA, JOHN R**
CITY-ST-ZIP **1440 N. NOVA ROAD, SUITE 308
HOLLY HILL, FL 32117**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

303 298-9347