2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000015346

1. Entity Name SIROTA, LLC

STREET ADDRESS CITY - ST - ZIP



FILED Feb 26, 2005 08:00 AM Secretary of State

Principal Place of Business

C/O KENNETH S. DUBOW 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33133 Mailing Address

C/O KENNETH S. DUBOW 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33133



02102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
13-1227586

5. Certificate of Status Desired

Applied For Not Applicable

\$5.00 Additional Fee Required

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6. Name and Address of Current Registered Agent

PALADINO, RICHARD C/O ROGERS, BOWERS, DEMPSEY AND PALADINO 505 SOUTH FLAGLER DRIVE, SUITE 1330 WEST PALM BEACH, FL 33401

DC	NOT	WRITE
IN	THIS	SPACE

11201170			
The above the obligation	named entity submits this statement for the purpose of changing ions of registered agent.	its registered office or registered agent, or bo	th, In the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable (N	KOTE Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR SIROTA, PAMELA 19670 BEACH ROAD, APT. 614D JUPITER, FL 33469		1/00/000244765 02/26/05-80033-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBOW, KENNETH S 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME			

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

2-23-05

Daytime Phone #