


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023177 1. Entity Name SINAI FTI GROUP, LLC						FILED 07 APR 23 PM 4:10 JAIL ANNASSEE, FLORIDA	
Principal Place of Business 1260 100 STREET BAY HARBOR ISLANDS, FL 33154				Mailing Address 1260 100 STREET BAY HARBOR ISLANDS, FL 33154			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03092007 Chg-LLC CR2E083 (12/06)				4. FEI Number 55-0804704		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145			
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINAI, JOSE 1260 100TH STREET BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300099139283 04/27/07--01002--011 **55.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINAI, NELIA 1260 100TH STREET BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>8/31/23</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IASLOVITS, LAUREN 1260 100TH STREET BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISSMAN, HELEN S 1260 100TH STREET BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINAI, DAVID A 1260 100TH STREET BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINAI, DAVID A 1260 100TH STREET BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Jose Sinai</i> JOSE SINAI 03/21/07 305 891 3300				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			
JOSE SINAI, MGRM							