


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032743

1. Entity Name
SIR INVESTMENTS & DEVELOPMENTS L.L.C.



Principal Place of Business
**2742 BISCAYNE BLVD
 MIAMI, FL 33137**


Mailing Address
**2742 BISCAYNE BLVD
 MIAMI, FL 33137**

2. Principal Place of Business
 Suite, Apt #, etc.

3. Mailing Address
 Suite, Apt #, etc.

City & State

Zip Country



01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0495592

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MATZ, ISAAC
 2742 BISCAYNE BLVD
 MIAMI, FL 33137**

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	YUKEN, SALOMON	
STREET ADDRESS	2742 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI, FL 33137	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MATZ, RUBEN	
STREET ADDRESS	2742 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI, FL 33137	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MATZ, ISAAC	
STREET ADDRESS	2742 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 04/23/04-80006-005 50.00

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: *ISAAC MATZ* *Parsons* *4/20/04* *4/6/04*

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