


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 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 | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 03-0495592 |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent |
| MATZ, ISAAC 2742 BISCAYNE BLVD MIAMI, FL 33137 | | | | 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, 2005 | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM YUKEN, SALOMON 2742 BISCAYNE BLVD MIAMI, FL 33137 | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MATZ, RUBEN 2742 BISCAYNE BLVD MIAMI, FL 33137 | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MATZ, ISAAC 2742 BISCAYNE BLVD MIAMI, FL 33137 | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Isaac Matz</i></u> <u><i>Ruben Matz</i></u> <u><i>4/28/05</i></u> | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date |
| | | | | Daytime Phone # |



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