

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043427

Entity Name: SIDAY EFRONE, LLC

FILED  
Apr 17, 2007  
Secretary of State

**Current Principal Place of Business:**

3389 SHERIDAN  
C/O GINSPARG # 195  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3389 SHERIDAN  
C/O GINSPARG # 195  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 20-0422721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GINSPARG, NORMAN J  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ESFORMES, PHILIP  
Address: 6865 N. LINCOLN AVENUE  
City-St-Zip: LINCOLNWOOD, IL 60712

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: ESFORMES, PHILIP  
Address: 6865 N. LINCOLN AVENUE  
City-St-Zip: LINCOLNWOOD, IL 60712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP ESFORMES

MGR

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date