

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90067 007 ****50.00



DOCUMENT # L05000070061

1. Entity Name

S. A. SIDDIQUI ENTERPRISES LLC

Principal Place of Business

5549 ORTEGA PARK BLVD.
 N/A
 JACKSONVILLE FL 32244

Mailing Address

5549 ORTEGA PARK BLVD.
 N/A
 JACKSONVILLE FL 32244



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

510551414

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOTT, SARA W ✓
 4915 NW 43RD STREET ✓
 GAINESVILLE FL (FLORI-DA)?

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
 32607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME MGRM Delete
 STREET ADDRESS SIDDIQUI, SAMIR A
 CITY-ST-ZIP 5549 ORTEGA PARK BLVD.
 JACKSONVILLE FL 32244

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]
 Samir Adnan Siddiqui

01/17/06

9047103050
 3523592531

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

Date

Daytime Phone #