



**2007 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED

07 MAY 23 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000035281					
1. Entity Name SIENTE MUSIC LLC					
Principal Place of Business 550 BILTMORE WAY, SUITE 1180 CORAL GABLES, FL 33134		Mailing Address 550 BILTMORE WAY, SUITE 1180 CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box # 121 Alhambra Plaza		3. Mailing Address 121 Alhambra Plaza			
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc. Suite 1400			
City & State Coral Gables, Florida		City & State Coral Gables, Florida		4. FFI Number 20-4763527	
Zip 33134 Country USA		Zip 33134 Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent JENSEN, JOAN B % FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Joan Burton Jensen Street Address (P.O. Box Number is Not Acceptable) 121 Alhambra Plaza, Suite 1400 City Coral Gables FL Zip Code 33134			
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		Joan Burton Jensen		April 19, 2007	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLANUEVA, LUIS MR. 550 BILTMORE WAY, SUITE 840 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLANUEVA, LUIS 121 Alhambra Plaza, Suite 1400 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINO, JORGE MR. 550 BILTMORE WAY, SUITE 840 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINO, JORGE 121 Alhambra Plaza, Suite 1400 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHEVERRIA, JOHN MR. 550 BILTMORE WAY, SUITE 840 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHEVARRIA, JOHN 121 Alhambra Plaza, Suite 1400 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, JESUS MR. 550 BILTMORE WAY, SUITE 840 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, JESUS 121 Alhambra Plaza, Suite 1400 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTISTEBAN, JORGE MR. 550 BILTMORE WAY, SUITE 840 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103738083 06/01/07--01055--018 **\$5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: 		Jorge Pino, Manager		4/19/07 (305) 442-6817	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	