## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000020650

1. Entity Name

SINGER ISLE I, LLC



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

C/O OMEGA STEEL COMPANY 3460 HOLLENBERG DRIVE . ST. LOUIS, MO 63044 US

Mailing Address

C/O MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414 US



03042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applie	d For
55-0894037	Not Ap	plicable
5. Certificate of Status Desired	\$5.00 Addition	al

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A.

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE

12765 FOREST HILL BOULEVARD SUITE 1302 WELLINGTON, FL 33414			IN THIS SPACE	
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				
SIGNATORE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signat		
	NOWIII FEE IS \$138.75 , 1, 2008 Fee will be \$538.75		000000 <u>925</u> 546 05/20/08- <u>8</u> 0034-016 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEMMEL, GREGORY K 3460 HOLLENBERG DRIVE ST. LOUIS, MO 63044			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

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.

MEMBER, OR AUTHORIZED REPRESENTATIVE

314-4200659

Daytime Prione #