

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90146 032 ****50.00

DOCUMENT # L00000009670

1. Entity Name
SIR LAND, LLC



Principal Place of Business
801 SOUTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020

Mailing Address
801 SOUTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

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

CROSS, KEVIN R
801 SOUTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MEM ☐ Delete
NAME CROSS, KEVIN R
STREET ADDRESS 1510 WASHINGTON ST.
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE MANAGER ☒ Change ☐ Addition
NAME CROSS, R. KEVIN
STREET ADDRESS 1510 WASHINGTON STREET.
CITY-ST-ZIP HWO, FL. 33020

TITLE MEM ☐ Delete
NAME CROSS, STEPHANIE J
STREET ADDRESS 1510 WASHINGTON ST.
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE MANAGER ☒ Change ☐ Addition
NAME CROSS, STEPHANIE
STREET ADDRESS 1510 WASHINGTON ST.
CITY-ST-ZIP HWO, FL. 33020

TITLE MEM ☐ Delete
NAME DANIELSON, STEVEN R
STREET ADDRESS GRANT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE MANAGER ☒ Change ☐ Addition
NAME DANIELSON, STEVE
STREET ADDRESS 3812 GRANT STREET
CITY-ST-ZIP HOLLYWOOD, FL. 33020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

R. Kevin Cross

4/14/04

954-922-1903