

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011480

Entity Name: SI, LLC

FILED  
May 09, 2005  
Secretary of State

**Current Principal Place of Business:**

21745 LINWOOD CT  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

21745 LINWOOD CT  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 65-1043542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FELDMAN, LAWRENCE  
Address: 21475 LINWOOD COURT  
City-St-Zip: FORT LAUDERDALE, FL 33433

Title: MGR ( ) Delete  
Name: A & F VENTURE, LLC,  
Address: 21475 LINWOOD COURT  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE I. FELDMAN

MGRM

05/09/2005

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