


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90155 007 ****55.00

DOCUMENT # **LD1000003396**

1. Entity Name
S.I. DEVELOPMENT, L.L.C.



Principal Place of Business: **91 NE 49 ST OAKLAND PARK FL 33334**

Mailing Address: **% H.E. PFERDEKAEMPER PO BOX 886 LOXAHATCHEE FL 33470**

20015009



1st MOORE CR2E083 (10/04)

2. Principal Place of Business: **1455 Holly Heights Dr. #19**

3. Mailing Address: **SAWEE**

City & State: **FT. LAUDERDALE FL**

City & State: **SAWEE**

Zip: **FL 33304** Country: **BROWARD**

4. FEI Number: **65-1110411**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~PFERDEKAEMPER HORST E
 3037 BUCK WIDGE TRAIL
 LOXAHATCHEE FL 33470~~

7. Name and Address of New Registered Agent

Name: **Eric Ottens**

Street Address (P.O. Box Number is Not Acceptable): **1001 Sample Rd**

City: **Panama Beach FL** Zip Code: **32064**

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:  **W. Eric Ottens** DATE: **02/17/05**

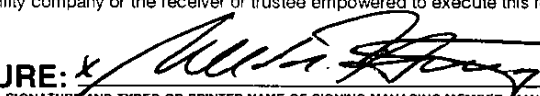
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, CATHERINE M M.D. 91 NE 49 ST OAKLAND PARK FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ulrich Remy 1455 Holly Heights Dr FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **Ulrich Remy** DATE: **02/17/05** DAYTIME PHONE #: **954 7289884**

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