


# 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 # LP1000003396		
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
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20015009



1st MOORE CR2E083 (10/04)

2. Principal Place of Business 1455 Holly Heights Dr. Suite, Apt. #, etc. #19	3. Mailing Address Suite, Apt. #, etc.
City & State Ft. Lauderdale	City & State Sawee
Zip FL 33304 Country Broward	Zip Country

4. FEI Number 65-1110411	Applied For Not Applicable
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5. Certificate of Status Desired	Additional Fee Required \$5.00
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6. Name and Address of Current Registered Agent  PFERDEKAEMPER HORST E 3037 BUCKHOGG TRAIL LOXAHATCHEE FL 33470
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7. Name and Address of New Registered Agent	
Name Eric Ottens	
Street Address (P.O. Box Number is Not Acceptable) 1001 Sample Rd	
City Pompano Beach	Zip Code FL 33064

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.

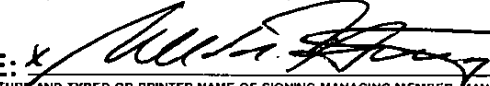
SIGNATURE  W. Eric Ottens 02/17/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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.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
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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 02/17/05 954 7289884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #