2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000012847

1. Entity Name

SIGMA CAPITAL PARTNERS, LLC

Principal Place of Business	Mailing Address
1401 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134	1401 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 65-1134235 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAW OFFICES OF CARRILLO & CARRILLO, P.A.
1401 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 acc... 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

U00000410708
02/09/06-80048-012 50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Add
NAME	CARRILLO, PEDRO R		NAME		
STREET ADDRESS	1401 PONCE DE LEON BLVD., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Add
NAME	CARRILLO, FELIX R		NAME		
STREET ADDRESS	1401 PONCE DE LEON BLVD., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Pedro R. Carrillo 1/22/06 305-460-6001