

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014857

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: SIDNEY INVESTMENT GROUP, L.L.C.

**Current Principal Place of Business:**

2195 NW 103 STREET  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

2195 NW 103 STREET  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 65-1134844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROTH, LEONARDO A ESQ.  
3440 HOLLYWOOD BLVD.  
SUITE 360  
HOLLYWOOD, FL 33021

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

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: NAVONE, MARCELO R  
Address: 3440 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete  
Name: GINES, RAUL A  
Address: 3440 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NAVONE, MARCELO R  
Address: 11530 GRIFFING BOULEVARD #12  
City-St-Zip: BISCAYNE PARK, FL 33161

Title: MGRM (X) Change ( ) Addition  
Name: GINES, RAUL A  
Address: 11530 GRIFFING BOULEVARD #6  
City-St-Zip: BISCAYNE PARK, FL 33161

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: RAUL GINES

MGRM

04/28/2004

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