04/30/02 17:47 FAX

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90576 014 ****50.00

DOCUMENT # L01000017481

1. Entity Name
SIESTA SOL, LLC

957237

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5045 OXFORD DRIVE		5045 OXFORD DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SARASOTA, FL		City & State: SARASOTA, FL	
Zip: 34242	Country: US	Zip: 34242	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MOORE, JOHN L.

Street Address (P.O. Box Number Is Not Acceptable): 200 S. ORANGE AVE.

City: SARASOTA FL Zip Code 34236

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.

SIGNATURE ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SIESTA SOL, INC
STREET ADDRESS	5045 OXFORD DRIVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] BY: RICHARD KAPLAN, ITS PRES. 4/29/2002 941-346-1845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #