2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000022493

1. Entity Name
SIESTA 41, L.L.C.

Principal Place of Business	Mailing Address
T-41 5830 MIDNIGHT PASS SARASOTA, FL 34242	1710 LAKE DRIVE INDEPENDENCE, MO 64055

DO NOT WRITE IN THIS SPACE

03292006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
94-3417779
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, JAMES C
1800 SECOND ST
SUITE 890
SARASOTA, FL 34236

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ESRY, WILLIAM C
STREET ADDRESS	1710 LAKE DRIVE
CITY-ST-ZIP	INDEPENDENCE, MO 64055
TITLE	MGR
NAME	ESRY, DAVID R
STREET ADDRESS	708 NW SILVER RIDGE
CITY-ST-ZIP	LEES SUMMIT, MO 64081
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/13/06-80022-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: WC Esry MGR William C Esry 4-24-06 816-358-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #