


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 03, 2004 08:**  
**Secretary of St**

<b>DOCUMENT # L02000002799</b> 1. Entity Name SISERTEL, LC	
--	---

Principal Place of Business 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131	Mailing Address 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131
--	--



03292004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 46-0465776	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent  LICKSTEIN, FRED K ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.

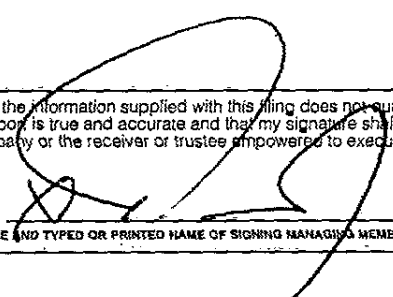
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00  
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOSE PINO, JUAN 2929 SW 3RD AVE STE 320 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMAROL, MARINA 2929 SW 3RD AVE STEP 320 MIAMI, FL 33124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000149255 05/03/04-80179-021 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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 605, Florida Statutes.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_