2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000003449

1. Entity Name SIEBERT DEVELOPMENT GROUP, L.L.C.



FILED
May 04, 2005 08:00_AM
Secretary of State

Principal Place of Business 4437 COMANCHE TRAIL BLVD JACKSONVILLE, FL 32259 Mailing Address

4437 COMANCHE TRAIL BLVD JACKSONVILLE, FL 32259



05012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-2986335 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEBERT, SEAN P 4437 COMANCHE TRAIL BLVD JACKSONVILLE, FL 32259		DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstaling) DATE	·
Fii Due t	ling Fee is \$50.00 by September 7, 2005		
9.	MÁNAGING MEMBERS/MÁÑAGERS		***************************************
title Name	MGR SIEBERT, SEAN P		
STREET ADDRESS CITY-ST-ZIP	4437 COMANCHE TRAIL BLVD JACKSONVILLE, FL 32259		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000360364 05/05/05-80056-011 50.00	- -
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 timited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____/ \\

5/11/0

904-287-7592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #