2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State
05-11-2004 90002 040 ****55.00

DOCUMENT # L02000023177

1. Entity Name
SINAI FTI GROUP, LLC

Principal Place of Business	Mailing Address
1260 100 STREET BAY HARBOR ISLANDS, FL 33154	1260 100 STREET BAY HARBOR ISLANDS, FL 33154

DO NOT WRITE IN THIS SPACE

02132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0804704

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY, SUITE 103
MIAMI, FL 33145

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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 Susan Williams, President 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SINAI, JOSE
STREET ADDRESS	1260 100TH STREET
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	MGRM
NAME	SINAI, NELIA
STREET ADDRESS	1260 100TH STREET
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	MGRM
NAME	IASLOVITS, LAUREN
STREET ADDRESS	1260 100TH STREET
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	MGRM
NAME	WEISSMAN, HELEN S
STREET ADDRESS	1260 100TH STREET
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	MGRM
NAME	SINAI, DAVID A
STREET ADDRESS	1260 100TH STREET
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
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: Jose Sinai P. 4/29/04 (305)854-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #