
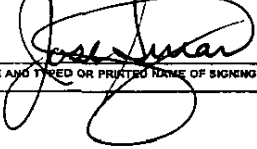


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90016 002 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000023177					
1. Entity Name SINAI FTI GROUP, LLC					
Principal Place of Business 1260 100 STREET BAY HARBOR ISLANDS, FL 33154			Mailing Address 1260 100 STREET BAY HARBOR ISLANDS, FL 33154		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 55-0804704				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				03222008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	SINAI, JOSE				
STREET ADDRESS	1260 100TH STREET				
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	SINAI, NELIA				
STREET ADDRESS	1260 100TH STREET				
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	IASLOVITS, LAUREN				
STREET ADDRESS	1260 100TH STREET				
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	WEISSMAN, HELEN S				
STREET ADDRESS	1260 100TH STREET				
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	SINAI, DAVID A				
STREET ADDRESS	1260 100TH STREET				
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  JOSE SINAI 4/22/08 305 868 4121					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					