


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90007 003 ****50.00

DOCUMENT # L03000022026	
1. Entity Name SIEBERT PROPERTIES I, L.L.C.	

Principal Place of Business 4437 COMANCHE TRAIL BLVD. JACKSONVILLE, FL 32259 US	Mailing Address 4437 COMANCHE TRAIL BLVD. JACKSONVILLE, FL 32259 US
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24074516



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05112004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent BENNETT, DERRICK 112 E. THIRD CT. PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name SEAN SIEBERT Street Address (P.O. Box Number is Not Acceptable) 4437 Comanche Trail Blvd. City Jacksonville FL Zip Code 32259	
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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 *Sean P. Siebert* DATE 5/11/04

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 September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIEBERT, SEAN P 4437 COMANCHE TRAIL BLVD. JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sean P. Siebert* DATE 5/11/04 DAYTIME PHONE # 904-287-7592

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