


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90084 046 ***138.75

DOCUMENT # L03000035116

1. Entity Name
 SIRI ENTERPRISES, L.L.C.



Principal Place of Business
 1507 S HIAWASSEE ROAD
 SUITE 107
 ORLANDO, FL 32835 US

Mailing Address
 P O BOX 618347
 ORLANDO, FL 32861 US

00000763



01172008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0236571	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

LEFKOWITZ, IVAN M
 430 N MILLS AVE
 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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 _____

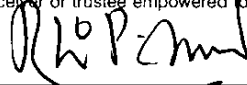
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKELLA, RAVI P P O BOX 618347 ORLANDO, FL 32861
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANGALA, PRADEEP K P O BOX 618347 ORLANDO, FL 32861
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANDHYALA, RADHIKA P O BOX 618347 ORLANDO, FL 32861
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUTUPALLI, NEERAJA P O BOX 618347 ORLANDO, FL 32861
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAGHU GANJAM PO Box 618347 Orlando, FL 32861
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWATHI NARAYANAM PO Box 618347 Orlando, FL 32861

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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:  _____

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

Date: 1/21/08 Daytime Phone #: 407-445-9515