2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90189 049 ****50.00

DOCUMENT # L03000036817

1. Entity Name
SIRENA, LLC

Principal Place of Business	Mailing Address
C/O NICOLAS FERNANDEZ, P.A. 780 LE JEUNE RD., STE. 324 MIAMI, FL 33126	C/O NICOLAS FERNANDEZ, P.A. 780 LE JEUNE RD., STE. 324 MIAMI, FL 33126

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01232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10 N.W. LE JEUNE ROAD	10 N.W. LE JEUNE ROAD
Suite, Apt. #, etc.: SUITE 500	Suite, Apt. #, etc.: SUITE 500
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33126 Country:	Zip: 33126 Country:

4. FEI Number: 30-0228750 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 NW LE JEUNE RD., STE. 324
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: ESQUIRE CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 10 N.W. LE JEUNE ROAD STE 500
City: MIAMI FL Zip Code: 33126

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 ______________________________
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete BETA, MICHAL 780 NORTHWEST LEJUENE ROAD SUITE 324 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition BETZ, MICHAL 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete BETA, LEOKADIA 780 NORTHWEST LEJUENE ROAD SUITE 324 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition BETZ, LEOKADIA 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] MICHAL BETZ MANAGER 02-12-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #