


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000044028
1. Entity Name
SIESTA GROUP, LLC



Principal Place of Business 4929 HIGEL AVENUE SARASOTA, FL 34292	Mailing Address 4929 HIGEL AVENUE SARASOTA, FL 34292
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DO NOT WRITE IN THIS SPACE



04122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0675533	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
**MILLER, RANDELL
HINES, NORMAN, HINES & SULLIVAN, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUGUSTINE, ROBERT S 4929 HIGEL AVENUE VENICE, FL 34292
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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: *Robert S. Augustine* **Robert S. Augustine** **4-18-05** **(941)951-6200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #