2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2005 8:00 am Secretary of State

ANNUAL REPORT					01-14-2005 90039 025 ****55.00				
DOCUMENT # L0400006891 1. Entity Name SIAM, LLC						01-14-2005	90039 023 1	33.	.00
Principal Place	e of Business	Mailing Address				2000	01964		
10856 SE SEA PINES CIR HOBE SOUND, FL 33455		10856 SE SEA PINES CIR Hobe Sound, FL 33455		4 18 8 11 8 11 E11			3 0 1 1	25 1 N1 1 25 1	
2. Principal Place of Business		3. Mailing Address P.O. Box 6/4							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	01062005	Chg-LLC	CR2E083	(10/03)	
City & State		City & State Sound FL		FL	4. FEI Number	1-13939	36		plied For t Applicable
Zip	Country	Zip 3347.t	Country	US		of Status Desired	\$5	.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New			
MUEC CH	EDMAN E		Na	me		 -	-		
	SEA PINES CIR JND, FL 33455		Stre	eet Address (s (P.O. Box Number is Not Acceptable)				
HOBE SO	JND, FL 33433								
			Cit	у			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered offi	ice or register	ed agent, or bo	th, in the State of F	lorida. I am fam	iliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent	t signature required	when reinstating)		DATE		
	ling Fee is \$50.00 ue by May 1, 2005			- Make check payable to Florida Department of State					
9.	MANAGING MEMBI	 ERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILES, SHERMAN T 10856 SE SEA PINES CIR HOBE SOUND, FL 33455	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1002 00010,12 00100	☐ Delete TI		RESS] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADD CITY-ST-ZIF	ADDRESS] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	i] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD	l l] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete -	TITLE NAME STREET ADD CITY-ST-ZIF	I		· .] Change	☐ Addition
11. hereby	certify that the information supplied wit	h this filing does not qualify for	r the exemptio	n stated in Se	ction 119.07(3)	i), Florida Statutes	. I further certify	that the in	nformation

11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Fluring does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Fluring does not quality indicated in 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 economic or trustee empowered to exempt this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

16/05 561.758.289

Daytime Phone #