2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 26, 2005 8:00 am
Secretary of State
03-28-2005 90286 028 ****50.00

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02012005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
SIR HOLDINGS, LLC

Principal Place of Business	Mailing Address
~~4500 PGA BLVD~~ 2535 Sun Cove LN P.B.G, FL 33410	~~4500 PGA BLVD~~ 2535 Sun Cove LN P.B.G FL. 33410
206	206
~~PALM BEACH GARDENS, FL 33418~~ US	PALM BEACH GARDENS, FL 33418 US

2. Principal Place of Business	3. Mailing Address
2535 Sun Cove LN	2535 Sun Cove LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens	City & State: P.B.G., Florida
Zip: 33410 Country: U.S.A.	Zip: 33410 Country: USA

4. FEI Number: 26-260-7827 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OWEN, JACK B JR	Name: Mildred Gruner
4500 PGA BLVD	Street Address (P.O. Box Number is Not Acceptable): 2535 Sun Cove LN.
206	Palm Beach Gardens
PALM BEACH GARDENS, FL 33418	City FL Zip Code 33410

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: Mildred Gruner 3-15-05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Managing members ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Mildred Gruner	NAME	
STREET ADDRESS	2535 Sun Cove LN.	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Mildred Gruner 3/15/05 1-561-626-9417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #