


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 27, 2005 8:00 am  
Secretary of State

04-12-2005 90018 042 \*\*\*\*50.00

|   |   |     |  |   |   |
|---|---|-----|--|---|---|
| <b>DOCUMENT # L04000008026</b>  |   |     |  |  |   |
| 1. Entity Name<br><b>SIDTRA LLC</b>   |   |     |  |   |   |
| Principal Place of Business<br><b>505 ROYAL PALM BEACH BLVD.<br/>ROYAL PALM BEACH, FL 33411 US</b>  |   |     | Mailing Address<br><b>6524 COMPASS ROSE CT.<br/>WEST PALM BEACH, FL 33411 US</b> |   |   |
| 2. Principal Place of Business  |   |     | 3. Mailing Address   |   |   |
| Suite, Apt. #, etc.   |   |     | Suite, Apt. #, etc.  |   |   |
| City & State  |   |     | City & State   |   |   |
| Zip   | Country   | Zip | Country  | 4. FEI Number<br><b>20-0680144</b>  |   |
|   |   |     |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |     |  | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><b>ROBINSON, AUBIN W.<br/>505 ROYAL PALM BEACH BLVD.<br/>ROYAL PALM BEACH, FL 33411</b>  |   |     | 7. Name and Address of New Registered Agent                                      |   |   |
|   |   |     | Name   |   |   |
|   |   |     | Street Address (P.O. Box Number is Not Acceptable)                               |   |   |
|   |   |     | City   |   |   |
|   |   |     | FL Zip Code  |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |     |  |   |   |
| DATE _____  |   |     |  |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   |     | Make check payable to<br>Florida Department of State                             |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |   |     |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SMITH, MIGUEL<br>6524 COMPASS ROSE CT.<br>WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete |     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Miguel S. Smith</u> <u>April 27/05</u> <u>561-317-9623</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |     |  |   |   |

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