

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072683

Entity Name: SISI BEACH PALACE LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

11015 SW 69 AV
PINECREST, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

11015 SW 69 AV
PINECREST, FL 33156 US

New Mailing Address:

FEI Number: 20-1749775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLETE CORPORATE SERVICES, INC.
7730 SW 68 TR
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

BLANCO, MANUEL
11015 SW 69 AVE
PINECREST, FL 33156 US

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.

SIGNATURE: MANUEL BLANCO

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BLANCO, MANUEL
Address: 11015 SW 69 AV
City-St-Zip: PINECREST, FL 33156 US

Title: MGRM () Delete
Name: BLANCO, BEATRIZ
Address: 11015 SW 69 AV
City-St-Zip: PINECREST, FL 33156 US

Title: MGRM () Delete
Name: BLANCO, ERIC
Address: 11015 SW 69 AV
City-St-Zip: PINECREST, FL 33156 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MANUEL BLANCO

PRES

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date