

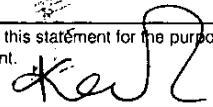
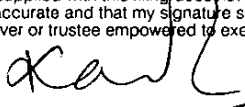


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90154 019 ****50.00

DOCUMENT # L04000077281					
1. Entity Name SIRIUS LAND DEVELOPMENT LLC					
Principal Place of Business 1768 PARK CENTER DRIVE SUITE 325 ORLANDO, FL 32835			Mailing Address 1768 PARK CENTER DRIVE SUITE 325 ORLANDO, FL 32835		
2. Principal Place of Business - No P.O. Box # 1743 Park Center Dr		3. Mailing Address 1743 Park Center Dr			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300		03132007 Chg-LLC CR2E083 (12/06)	
City & State Orlando, FL		City & State Orlando FL		4. FEI Number 20-2504861	
Zip 32835		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAH, KAMLESH A 1768 PARK CENTER DRIVE #325 ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name Kamlesh A. Shah Street Address (P.O. Box Number is Not Acceptable) 1743 Park Center Drive Suite 300 City Orlando FL Zip Code 32835		
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 			DATE 3/13/07		
(NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME SHAH, KAMLESH A STREET ADDRESS 1768 PARK CENTER DR #325 CITY-ST-ZIP ORLANDO, FL 32821	<input type="checkbox"/> Delete		TITLE MGR NAME Kamlesh A. Shah STREET ADDRESS 1743 Park Center Dr Sk 300 CITY-ST-ZIP Orlando, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME ASLEJI, STEVE STREET ADDRESS 4249 LB MCLEOD RD CITY-ST-ZIP ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE MGR NAME Steve Ashdij STREET ADDRESS 1743 Park Center Dr #340 CITY-ST-ZIP Orlando FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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: 			DATE 3/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		