

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000091400

1. Entry Name
S. I. C., LLC



Principal Place of Business
9009 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32211

Mailing Address
P.O. DRAWER U
JACKSONVILLE, FL 32203



03282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1998983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, DAVID A
9009 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32211

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STEIN, DAVID A
STREET ADDRESS	9009 REGENCY SQUARE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32211

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100000531275
05/06/06-80033-020 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/2/06 904.725.4122 x225