

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90308 013 \*\*\*\*50.00

**DOCUMENT # L04000091400**

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



00003408

Principal Place of Business  
0000 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32211

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

2. Principal Place of Business - No P.O. Box #  
220 Ponte Vedra Park Dr.  
Suite, Apt. #, etc.  
#160

3. Mailing Address  
220 Ponte Vedra Park Dr.  
Suite, Apt. #, etc.  
#160

City & State  
Ponte Vedra Beach, FL

City & State  
Ponte Vedra Beach, FL

Zip  
32082

Country  
USA

Zip  
32082

Country  
USA



01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1998983

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
David A. Stein

Street Address (P.O. Box Number is Not Acceptable)  
220 Ponte Vedra Park Dr.

Suite 160

City  
Ponte Vedra Beach FL

Zip Code  
32082

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 2/15/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR STEIN, DAVID A 9009 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211 <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
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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 2/15/07

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

Date Daytime Phone #