2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# L04000092800

Entity Name: FSIG, LLC

Current Principal Place of Business:

137 ALEX CIRCLE
STATEN ISLAND, NY 10305

New Principal Place of Business:

Current Mailing Address:

137 ALEX CIRCLE
STATEN ISLAND, NY 10305

New Mailing Address:

FEI Number: 20-2067886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHIFER, YEVGENIY
Address: 137 ALEX CIRCLE
City-St-Zip: STATEN ISLAND, NY 10305

Title: MGRM ( ) Delete
Name: FRAIMAN, ALEVTIN
Address: 137 ALEX CIRCLE
City-St-Zip: STATEN ISLAND, NY 10305

Title: MGRM (X) Delete
Name: FRAIMAN, BORIS
Address: 137 ALEX CIRCLE
City-St-Zip: STATEN ISLAND, NY 10305

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: FRAIMAN, MICHAEL
Address: 78 GARRETSON LANE
City-St-Zip: STATEN ISLAND, NY 10304

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 Chapter 119, 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: YEVGENIY SHIFER MGRM 03/23/2006

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