

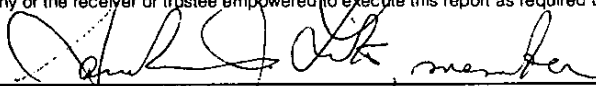


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90033 027 \*\*\*\*50.00

<b>DOCUMENT # L05000006551</b> 1. Entity Name <b>SIR REAL INVESTMENTS, LLC</b>					
Principal Place of Business <b>401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756</b>			Mailing Address <b>401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>451 Central Park Dr.</b> Suite, Apt. #, etc.			
City & State <b>Largo, FL</b>		City & State <b>Largo, FL</b>			
Zip <b>33771</b>	Country <b>US</b>	4. FEI Number <b>20-4762362</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>LOVELACE, WILLIAM K 401 S. LINCOLN AVE. CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR LOVELACE, WILLIAM L 401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756</b> <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.					
<b>SIGNATURE:</b>  <b>member</b> <b>4/30/06</b> <b>727 398-7473</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					