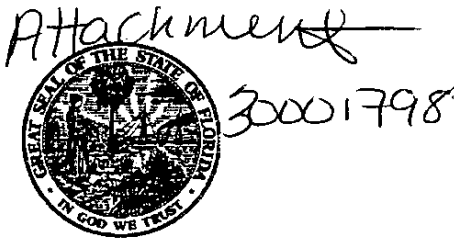


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-17-2006 90018 005 ****50.00

DOCUMENT # L05000037617																											
1. Entity Name STRUCTURED ASSET INVESTMENT FUND, LLC																											
Principal Place of Business 1250 E. HALLANDALE BEACH BOULEVARD PENTHOUSE A HALLANDALE, FL 33009			Mailing Address 1250 E. HALLANDALE BEACH BOULEVARD PENTHOUSE A HALLANDALE, FL 33009																								
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country	02012006 Chg-LLC CR2E083 (11/05)																							
4. FEI Number 20-2791832				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																				
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Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ASSEFF, MICHAEL 1250 E HALLANDALE BEACH BOULEVARD PENTHOUSE A HALLANDALE, FL 33009																							
7. Name and Address of New Registered Agent				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px; width: 50%;">FL</td> <td style="padding: 2px; width: 50%;">Zip Code</td> </tr> </table>		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code														
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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 _____																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																								
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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 606, Florida Statutes.																											
<table style="width: 100%;"> <tr> <td style="width: 20%;">SIGNATURE:</td> <td style="width: 40%; text-align: center;"> </td> <td style="width: 20%; text-align: center;"> 2-2-06 </td> <td style="width: 20%; text-align: center;"> 954 455-6060 </td> </tr> <tr> <td colspan="4" style="font-size: 0.8em;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # </td> </tr> </table>						SIGNATURE:		2-2-06	954 455-6060	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																	
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

STRUCTURED ASSET INVESTMENT FUND, LLC
1250 E. HALLANDALE BEACH BOULEVARD
PENTHOUSE A
HALLANDALE, FL 33009

Subject: **STRUCTURED ASSET INVESTMENT FUND, LLC**

Reference Number: **L05000037617**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms

ANNUAL REPORTS SECTION