

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037617

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** STRUCTURED ASSET INVESTMENT FUND, LLC

**Current Principal Place of Business:**

1250 E. HALLANDALE BEACH BOULEVARD  
PENTHOUSE A  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1250 E. HALLANDALE BEACH BOULEVARD  
PENTHOUSE A  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 20-2791832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ASSEFF, MICHAEL  
1250 E HALLANDALE BEACH BOULEVARD  
PENTHOUSE A  
HALLANDALE, FL 33009 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: ASSEFF, MICHAEL  
Address: 1250 E HALLANDALE BEACH BLVD., PH A  
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM ( ) Delete  
Name: SAVYSKY, ANDREW  
Address: 757 SE 17TH STREET, #399  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

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

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: MICHAEL A ASSEFF

MGR

01/08/2007

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