

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 10, 2006 8:00 am
Secretary of State**

04-10-2006 90039 030 ****50.00

DOCUMENT # L05000039789

1. Entity Name
SEIGEL INVESTMENT MANAGEMENT, LLC



Principal Place of Business
**15161 S.W. 71ST COURT
MIAMI, FL 33158**

Mailing Address
**15161 S.W. 71ST COURT
MIAMI, FL 33158**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2253344

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHRYSTAL, NEIL R ESQ.
C/O DUNWODY WHITE & LANDON, P.A.
550 BILTMORE WAY, SUITE 810
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when :agent.jpg)

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	
TITLE	MGR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIGEL, PAUL H		
STREET ADDRESS	15161 S.W. 71ST COURT		
CITY-ST-ZIP	MIAMI, FL 33158		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: **Paul H. Seigel**

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

3/24/06 305-293-3352

Date

Daytime Phone #