2006 LIMITED LIABILITY CO. ANNUAL REPORT (AR

Mar 14, 2006 8:00 am Secretary of State **DOCUMENT # L05000066758** 1. Entity Name 02-22-2006 90109 025 ****50.00 SI LAND GROUP, L.L.C. Mailing Address Principal Place of Business 10 ADAMS AVENUE STATEN ISLAND NY 10306 10 ADAMS AVENUE STATEN ISLAND NY 10306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHUTT, DARRIN R ESQ SUITE C, 1105 CAPE CORAL PARKWAY EAST CAPE CORAL FL 33904 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 8. The above named entity-cubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typische prested solder in registerest agent and little dispolatible. (NOTE: Repolitional Agent signature required when reinstituting FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. HILE MGRM Delete TITLE ☐ Change Addition NAMÉ RIGGIO, SALVATORE MALIF STREET ADDRESS STREET ADDRESS 10 ADAMS AVENUE CITY-51-7IP STATEN ISLAND NY 10306 CITY - ST - ZIP TITLE MGRM Oelete HILE ☐ Change Addition NAME NAME FERRERI, JOSEPH STREET ADDRESS STREET ADDRESS 6 PRINCETON STREET CITY-ST-ZP STATEN ISLAND NY 10306 CITY-ST-ZIP mu Delete TITLE Change ☐ Addition NAME: NAME PIERIDES, GEORGE STREET ACORESS STREET ADDRESS 219 MELBA STREET CDY+ST-7/P STATEN ISLAND NY 10314 CITY-ST-7P TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP Detete TITLE TATLE Crance ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Socilon 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 memoer or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Dave

Daytime Phone 6

FILED



February 24, 2006

SI LAND GROUP, L.L.C. 10 ADAMS AVENUE STATEN ISLAND, NY 10306

Subject: SI LAND GROUP, L.L.C.

Reference Number:

L05000066758

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> 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.

/MH ANNUAL REPORTS SECTION