2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90341 041 ****50.00

DOCUMENT # L05000066758

1. Entity Name

SI LAND GROUP, L.L.C.

Principal Place of Business	Mailing Address
10 ADAMS AVENUE STATEN ISLAND NY 10306	10 ADAMS AVENUE STATEN ISLAND NY 10306

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.: 48 Reiss lane	Suite, Apt. #, etc.: 48 Reiss lane
City & State: Staten Island, N.Y.	City & State: Staten Island, N.Y.
Zip: 10304 Country: USA	Zip: 10304 Country: USA

4. FEI Number: 20-3098835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional 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	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: Salvatore Riggio Pres. DATE: 1/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM RIGGIO, SALVATORE 10 ADAMS AVENUE STATEN ISLAND NY 10306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM Riggio, Salvatore 48 Reiss lane Staten Island, N.Y. 10304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM FERRERI, JOSEPH 6 PRINCETON STREET STATEN ISLAND NY 10306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM PIERIDES, GEORGE 219 MELBA STREET STATEN ISLAND NY 10314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Salvatore Riggio Pres. 1/27/07 646-261-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #