

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 10 ADAMS AVENUE STATEN ISLAND NY 10306	Mailing Address 10 ADAMS AVENUE STATEN ISLAND NY 10306
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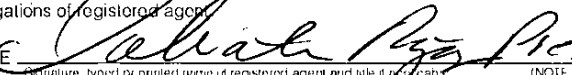
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 48 Reiss Lane City & State STATEN ISLAND, N.Y. Zip 10304 Country USA		3. Mailing Address Suite, Apt. #, etc. 48 Reiss Lane City & State STATEN ISLAND, N.Y. Zip 10304 Country USA	
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1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ SUITE C, 1105 CAPE CORAL PARKWAY EAST CAPE CORAL FL 33904	
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4. FEI Number 20-3098835	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

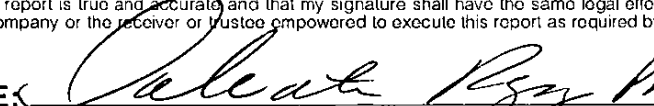
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1/27/07

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	
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9. MANAGING MEMBERS/MANAGERS	
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 FERRERI, JOSEPH 6 PRINCETON STREET STATEN ISLAND NY 10306 ☐ Delete
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	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

10. ADDITIONS/CHANGES	
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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 	DATE 1/27/07 DAYTIME PHONE # 646-261-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	