
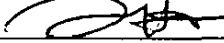



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90196 015 ****55.00

DOCUMENT # L05000069066 1. Entity Name SINAI CONSULTING AND MANAGEMENT, LLC					
Principal Place of Business 1933 OYSTER CATCHER LANE SUITE 714 CLEARWATER, FL 33762		Mailing Address 1933 OYSTER CATCHER LANE SUITE 714 CLEARWATER, FL 33762			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3150013	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 S.W. 22 STREET, 4TH FLOOR MIAMI, FL 33145			Name JAMAL HUSSAIN Street Address (P.O. Box Number is Not Acceptable) 1933-Oyster Catcher Lane # 714 City CLEARWATER FL Zip Code 33762		
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  JAMAL HUSSAIN			DATE 6-15-06		
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUSSAIN, JAMAL 1601 REYNOLDS STREET, STE. 201 PLANT CITY, FL 33563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUSSAIN, JAMAL 1933-OYSTER CATCHER LANE # 714 Clearwater, FL- 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  JAMAL HUSSAIN			DATE 6-15-06		DAYTIME PHONE # 810-210-3080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #