

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 29, 2006 8:00 am
Secretary of State

02-17-2006 90018 006 ****50.00

DOCUMENT # L06000094806 1. Entity Name 8P SIAN, LLC																																																																																																											
Principal Place of Business 2875 NE 191 STREET SUITE 500 AVENTURA FL 33180 US			Mailing Address 2875 NE 191 STREET SUITE 500 AVENTURA FL 33180 US																																																																																																								
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City & State		City & State																																																																																																									
Zip	Country	Zip	Country																																																																																																								
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																								
ROSENTHAL, KERRY E 2875 NE 191 STREET SUITE 500 AVENTURA FL 33180			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																								
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 _____ (NOTE: Registered Agent signature required when furnished) DATE _____																																																																																																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KERRY ROSENTHAL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>2875 NE 191 Street, Suite 500</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Aventura, Florida 33180</td> <td></td> <td></td> <td></td> <td></td> </tr> <!-- Empty rows for additional entries --> <tr><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	KERRY ROSENTHAL		STREET ADDRESS			CITY - ST - ZIP	2875 NE 191 Street, Suite 500		CITY - ST - ZIP				Aventura, Florida 33180					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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: Kerry Rosenthal 0/25/06 305-937-0300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																											



ATTACHMENT
30003687

FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Complied
with
3/29/06*

March 9, 2006

8P SIAN, LLC
2875 NE 191 STREET
SUITE 500
AVENTURA, FL 33180 US

Subject: 8P SIAN, LLC

Reference Number: **L05000094806**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

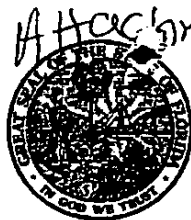
Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

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.

/sm

ANNUAL REPORTS SECTION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

8P SIAN, LLC
2875 NE 191 STREET
SUITE 500
AVENTURA, FL 33180 US

Subject: 8P SIAN, LLC

Reference Number: L05000094806

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

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

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.

/rm

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P.O. BOX 6478 - Tallahassee, Florida 32314