
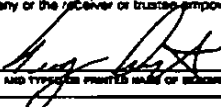


FILED
Apr 27, 2006 8:00 am
Secretary of State

03-31-2006 90182 028 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3
31

DOCUMENT # L05000097933			
1. Entity Name SIESTA VENDING, LLC			
Principal Place of Business 5254 OCEAN BLVD. SARASOTA, FL 34242 US		Mailing Address 5254 OCEAN BLVD. SARASOTA, FL 34242 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02202006 Chg-LLC		CR2ED83 (11/05)	
4. FEI Number 20-3593278		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SYPRETT, TROY D 5254 OCEAN BLVD. SARASOTA, FL 34242		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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when necessary)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Matthew H. Grover 5254 Ocean Blvd. Sarasota, FL 34242	managing mbr
		Russell A. Matthes 5254 Ocean Blvd. Sarasota, FL 34242	managing mbr
		TROY D. SUPRETT 5254 Ocean Blvd Sarasota, FL 34242	Managing mbr
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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 808, Florida Statutes.			
SIGNATURE: 		2/22/06 941-346-1664	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

JUUU04JU

