2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 25, 2008 8:00 am
Secretary of State
03-25-2008 90083 004 ***143.75

DOCUMENT # L05000115401

1. Entity Name
SIGEL REAL ESTATE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
7994 S/E SARATOGA DRIVE HOBE SOUND FL 33455	1301 TWENTY MULE TEAM DRIVE CORTEZ CO 81321

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1301 TWENTY MULE TEAM DR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORTEZ, COLORADO	City & State
Zip: 81321-2447 Country	Zip Country

4. FEI Number 03-0584461 ☐ 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
SIGEL, JOAN 1301 TWENTY MULE TEAM DRIVE CORTEZ FL 81321	Name: PAULA ANN LUDWICK Street Address (P.O. Box Number is Not Acceptable): 1301 TWENTY MULE TEAM DR. City: CORTEZ CO. Zip Code: 81321-2449

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: Paula A. Ludwick (Receiver) MGR DATE: 2/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIGEL, JOAN 1301 TWENTY MULE TEAM DRIVE CORTEZ CO 81321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LUDWICK PAULA A 1301 TWENTY MULE TEAM DR. CORTEZ CO 81321-2447	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REGISTERED AGENT JUSTINE SIGEL [redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3909 S. INDIAN RIVER DR. FORT PIERCE, FL. 34982	☐ 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: Paula A. Ludwick (Receiver) 2/27/08 970 565-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #