

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

05-01-2006 90034 043 ****50.00

DOCUMENT # L06000000029					
1. Entity Name SIREN'S OASIS, LLC					
Principal Place of Business 1318 LAFAYETTE STREET CAPE CORAL, FL 33904			Mailing Address 1318 LAFAYETTE STREET CAPE CORAL, FL 33904		
2. Principal Place of Business 3650 Fowler Street		3. Mailing Address 1318 Lafayette St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Myers		City & State Cape Coral		4. FEI Number 20-4054645	
Zip 33901		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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	Managing Member Thomas W. Hill 1318 Lafayette Street Cape Coral, FL 33904		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	
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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 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: <i>Thomas W Hill</i>			Date: <i>4-20-06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

30009323



02022006 Chg-LLC CR2E083 (11/05)

FL

Zip Code

239-549-2444