## ·2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPURI			
DOCUMENT # L06000001  1. Entity Name SIRIUS, LLC	102		O7 APR 30 PH 4: 28  SECRETARY OF STATE TALLAHASSEE. FLORIDA
Principal Place of Business	Mailing Address		TATION LARY OF a.
1311 DUVAL STREET	7125 SLEEPY HOLLOW	N CIRCLE	HELAHASSEF FISIATE
TALLAHASSEE, FL 32301	TALLAHASSEE, FL 32		- C. P.L.ORIDA
	, , , , , , , , , , , , , , , , , , , ,	ų	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04302007 Chg-LLC CR2E083 (12/06)
City & State	City & State		4. FEI Number Applied For Not Applicab
Zip Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
		Name	
MANNING, ROXANNE 7125 SLEEPY HOLLOW CIR.		Street Address	s (P.O. Box Number is Not Acceptable)
TALLAHASSEE, FL 32312			
		City	FL Zip Code
The above named entity submits this statement to	r the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.   am familiar with, and accept
the obligations of registered agent.	The purpose of changing its	a registered diffee of regist	refer agent, or both, in the state of Hords. I am ishing with site accept
SIGNATURE	and title if applicable. (NO	TE: Registered Agent sensitive requi	red when renstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007		-4	Make check payable to Florida Department of State
9. MANAGING MEMBE	 RS/MANAGERS	10.	ADDITIONS/CHANGES
मिंLE MGR	☐ Delete	TITLE	☐ Change ☐ Additi
MANNING, ROXANNE M		NAME	766161921147
STREET ADDRESS 7125 SLEEPY HOLLOW CIRCLE CITY-SI-ZIP TALLAHASSEE, FL 32312		STREET ADDRESS CITY-ST-ZIP	700101921147 05/08/0701023012 **200.00
TITLE MGRM	□ Detete	TITLE	☐ Change ☐ Additi
NAME MANNING, RAYMOND L	L Detete	NAME	Change Additi
STREET ADDRESS 7125 SLEEPY HOLLOW CIR.		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE, FL 32312		CITY-ST-ZIP	
TITLE MGRM	☐ Delele	TITLE	☐ Change ☐ Additi
NAME MANNING, MIRANDA E		NAME	
STREET ADDRESS 7125 SLEEPY HOLLOW CIR.		STREET ADDRESS	
CITY-SI-ZIP TALLAHASSEE, FL 32312		CITY-S1-ZIP	
TITLE .	☐ Delele	1ITLE	☐ Change ☐ Addili
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-SI-ZIP		CITY-S1-ZIP	
TITLE	Delete	TITLE	☐ Change ☐ Additi
NAME	L Delete	NAME	3.00,5
STREET ADDRESS		STREET ADDRESS	
CITY-S1-ZIP		CITY-ST-ZIP	
TITLE	Delete	TITLE	☐ Change ☐ Additi
NAME		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
	a thin fillion does t reflect		od in Chapter 110 Florida Statutas I further gartifu that the information
indicated on this report is true and accurate and	that my signature shall bave	e the same legal effect as i	ed in Chapter 119, Florida Statules. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes
limited liability company or the receiver or trust	e empowered to execute this	s report as required by Cha	apter quo, riorida Statutes.
SILL	1/1///		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF	1////		ESENTATIVE Date Daytime Phone #

and the control of th