

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90511 038 \*\*\*138.75

<b>DOCUMENT # L06000052770</b>					
<b>1. Entity Name</b> SIBONEY FINANCIAL, LLC					
<b>Principal Place of Business</b> 5980 SOUTHWEST 15TH STREET PLANTATION, FL 33317 US			<b>Mailing Address</b> 5980 SOUTHWEST 15TH STREET PLANTATION, FL 33317 US		
<b>2. Principal Place of Business - No P.O. Box #</b> St <b>4611 S. UNIVERSITY DRIVE</b> <b>DAVIE, FL 33328</b>		<b>3. Mailing Address</b> 4611 S. UNIVERSITY DRIVE DAVIE, FL 33328			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-4937152	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RODRIGUEZ, JOSEPH A 5980 SOUTHWEST 15TH STREET PLANTATION, FL 33317			<b>7. Name and Address of New Registered Agent</b> RODRIGUEZ, JOSEPH A 4611 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328 City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE <b>APRIL 29, 2008</b> <small>Signature based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>RODRIGUEZ, JOSEPH A</b> <b>5980 SOUTHWEST 15TH STREET</b> <b>PLANTATION, FL 33317</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>RODRIGUEZ, JOSEPH A</b> <b>4611 SOUTH UNIVERSITY DRIVE</b> <b>DAVIE, FL 33328</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>PARAGONE (RODRIGUEZ), GINA</b> <b>5980 SOUTHWEST 15TH STREET</b> <b>PLANTATION, FL 33317</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>PARAGONE RODRIGUEZ, GINA</b> <b>4611 SOUTH UNIVERSITY DRIVE</b> <b>DAVIE, FL 33328</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>			<b>4/29/2008 954-804-4115</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		