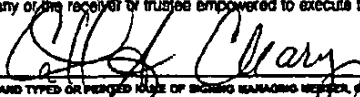


FILED
Jun 16, 2008 8:00 am
Secretary of State

05-08-2008 90105 039 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000095304		
1. Entity Name SIGLAR 5 LLC		
Principal Place of Business 2073 IOWA AVE NE ST PETERSBURG, FL 33703		Mailing Address 2073 IOWA AVE NE ST PETERSBURG, FL 33703
DO NOT WRITE IN THIS SPACE		
		
03122008 No Chg-LLC CR2E083 (12/07)		
4. FEI Number 20-5622788		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
JOHN K FRAZEE CPA P.A. O'Connor & Assoc. 4801 CENTRAL AVE. S.W. S. Belcher Rd. SE 160 ST PETERSBURG, FL 33713 Largo, FL 33771		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when retaking) Signature, typed or printed name of registered agent and use if applicable.		
DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HISLOP, DIANNA 445 13TH AVE NE ST PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CLEARY, KATY 2073 IOWA AVE NE ST PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
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: 		4/21/08 727-520-1353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/7/2008 00105 039-\$138.75-\$138.75

ATTACHMENT

DOCUMENT # L06000095304	
1. Entity Name SIGLAR 5 LLC	

Principal Place of Business 2073 IOWA AVE NE ST PETERSBURG, FL 33703	Mailing Address 2073 IOWA AVE NE ST PETERSBURG, FL 33703
--	--

DO NOT WRITE IN THIS SPACE

03122008 No Chg-LLC

CR2E062 (12/07)

4. FEI Number 20-5622768	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHN K. FRAZEE, CPA & ASSOC. 4801 CENTRAL AVE ST PETERSBURG, FL 33711	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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: 	6/11/08

FILE NUMBER FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

A. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HISLOP, DIANNA 445 15TH AVE NE ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEARY, KATY 2073 IOWA AVE NE ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 registered or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: 	4/21/08 727-520-1353
MANAGING MEMBER OR TRUSTEE EMPLOYED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 605, FLORIDA STATUTES	

ATTACHMENT

30009334

June 11, 2008

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Subject – Siglar 5 LLC

Reference # L060000095304

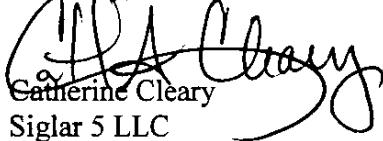
According to a letter dated 5/21/08, your department has not received from us the correct titles for each member of the LLC. Please find the amended document on the following page and advise if this is unacceptable.

We have been advised by counsel this is the correct procedure and look forward to hearing from your offices that this is indeed the case.

If you should have any questions, please contact either one of us (Katy or Tom Cleary) at the 727-520-1353 phone number or via mail at 2073 Iowa Ave. NE, St. Petersburg, FL 33703.

Thanks in advance for your help!

Sincerely,


Catherine Cleary
Siglar 5 LLC