

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022009

Entity Name: SIEGENT S&E, LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

ONE PARK PALCE SUITE 500  
BOCA RATON, FL 33487

## New Principal Place of Business:

3785 NW 65TH LANE  
BOCA RATON, FL 33496

## Current Mailing Address:

ONE PARK PALCE SUITE 500  
BOCA RATON, FL 33487

## New Mailing Address:

3785 NW 65TH LANE  
BOCA RATON, FL 33496

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DAVID J. POWERS, P.A.  
7777 GLADES ROAD SUITE 300  
BOCA RATON, FL 33434 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition  
Name: SIEGEL, STUART  
Address: 3785 NW 65TH LANE  
City-St-Zip: BOCA RATON, FL 33496

Title: CONT ( ) Change (X) Addition  
Name: MNISCALCO, LEN  
Address: 612 SE 5TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEN MANISCALCO

CONT

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date