2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L9900006835 1. Entity Name SYDBINA, L.L.C.					05-0	02-2005 90101 033 ****	50.00	
STUBILITY	A, L.L.O.							
Principal Place of Business Mailing Address						40034168		
1815 GRIFFIN RD STE301 1815 GRIFFIN RD STE301 DANIA, FL 33004 DANIA, FL 33004								
Principal Place of Business 3. Mailing Address								
6971 N. FEDERAL HIGHWAY 6971 N. FEDERA				AL HIGHWAY				
Suite, Apt. #, etc.			Suite, Apt. #, etc. 301		04252005 Chg	-LLC CR2E083 (10/0	3)	
City & State BOCA RATON			City & State RATON		4. FEI Number 65-1008503		Applied For Not Applicable	
3248	7	Country USA-	Zip 33 487	Country US A		s Desired	Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
WOLOFSKY, HOWARD .				Name S	Name SIDNEY ASLER			
				Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
DANIA, FL 33004				697	IN. FEDERA	L HIGHWAY, SUI	te 301	
City				' D @	A RATON	FL Zing	3487	
8. The above named entity admits 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 Signature, typed or printed righter (registered agent and title if applicable. (NOTE: Registered Agent signature reducted when reinstating) OATE								
	Signature, typed	or printed marrie of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature regu	ired when reinstation)	1/ PQ/ U J		
		3.1	nd title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE		
Fi Di	iling Fee i	s \$50.40	of tigs if applicable. (NOTE:	Registered Agent signature resu	ired when reinstating)	Make check payable to		
Fi Di	iling Fee i	s \$50.40		Registered Agent signature results	ired when reinstating)			
9.	iling Fee i ue by May	s \$50.00 y 1, 2005 MANAGING MEMBER		10.	ired when reinstating) A	Florida Department of St	ate	
9.	MGR WOLOFS 3400 NE	MANAGING MEMBER KY, HOWARD	RS/MANAGERS	10.	ired when reinstating)	Florida Department of S	ate	
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFS 3400 NE	MANAGING MEMBER	S/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ired when reinstating) A	Florida Department of St	e Addition	
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11. I hereby certify that the information supplied with this filipg does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company of the procedure of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: " MOUNT WOLD, SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESI