

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001224

Entity Name: THE SIENA GROUP LLC

FILED
Feb 11, 2008
Secretary of State

Current Principal Place of Business:

2815 CAMERON STREET
MELBOURNE, FL 32901

New Principal Place of Business:

2100 NORTH ATLANTIC AVENUE
1101
COCOA BEACH, FL 32931

Current Mailing Address:

2815 CAMERON STREET
MELBOURNE, FL 32901

New Mailing Address:

2100 NORTH ATLANTIC AVENUE
1101
COCOA BEACH, FL 32931

FEI Number: 76-0711176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGAN, REX
2100 NORTH ATLANTIC AVENUE
1101
COCOA BEACH, FL 32931 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: MGRM () Delete
Name: EAGAN, JEFFREY A
Address: 2815 CAMERON STREET
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: EAGAN, REX
Address: 2815 CAMERON STREET
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EAGAN, JEFFREY A
Address: 2100 NORTH ATLANTIC AVENUE #1101
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM (X) Change () Addition
Name: EAGAN, REX
Address: 2100 NORTH ATLANTIC AVENUE #1101
City-St-Zip: COCOA BEACH, FL 32931

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: REX EAGAN

PRES

02/11/2008

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