2005 LIMITED LIABILITY: COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000001445

1. Entity Name SIRGANY I.P., LLC



SECRETARY OF STATE DIVISION OF CORPORATIONS

05 MAR 17 AM 11: 10

Principal Place of Business

6910 N.W. 12TH STREET MIAMI, FL 33126

Mailing Address

6910 N.W. 12TH STREET MIAMI, FL 33126



01112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0883224 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

KAYAL, RAYMOND J 6910 N.W. 12TH STREET MIAMI, FL 33126

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 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 acc the obligations of registered agent. 	8. The above named entity submits this state	ement for the purpose of changing it	s registered office or registered agent	or both in the State of Florida	I am familiar with	and accont
		smerral track property of the signing to	io regionores entice er regioneres agent	, or both, in the orate of Forica.	TOTAL WILLI,	and accept
SIGNATURE						

(NOTE: Registered Agent signature required when reinstating

Filing Fee is \$50.00 Due by May 1, 2005 -880666208315 92/12/05-880019-024-153.68

DATE

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9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	SIRGANY HOLDINGS, LLC			
STREET ADDRESS	6910 N.W. 12TH STREET			
CITY-ST-ZIP	MIAMI, FL 33126			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				
NAME	•			
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11. Thereby certify that the information supplied with this filing does not qualify for the exe				

DO NOT WRITE

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kayaf

LE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



Daytime Phone #