


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027318

1. Entity Name
SAGE FINANCIAL SERVICES, LLC



Principal Place of Business 1300 SAWGRASS CORPORATE PKWY., STE. 140 SUNRISE, FL 33323	Mailing Address 1300 SAWGRASS CORPORATE PKWY., STE. 140 SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0602659	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAGE, RICHARD D ESQ.
 1300 SAWGRASS CORPORATE PKWY., STE. 140
 SUNRISE, FL 33323

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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

U00000162989
07/01/04-80002-019 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAGE, RICHARD 1300 SAWGRASS CORP. PKWY, STE 1401 SUNRISE, FL 33323
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: Rene A. Rodriguez 6/30/04 954 835 0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #