

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009763

Entity Name: SARAH-I PROJECTS, LLC

FILED
Aug 22, 2005
Secretary of State

Current Principal Place of Business:

1725 MAIN STREET, SUITE 209
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1725 MAIN STREET, SUITE 209
WESTON, FL 33326

New Mailing Address:

FEI Number: 45-0511190 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

ILEANA ARIAS TOVAR, ESQ
1725 MAIN STREET, SUITE 209
WESTON, FL 33326 US

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: MGR () Delete
Name: CURE, IVONNE A
Address: 1725 MAIN STREET, SUITE 205
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: BENITEZ, ROQUE DANIEL
Address: 1725 MAIN STREET, SUITE 205
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: BENITEZ, GABRIEL ADOLFO
Address: 1725 MAIN STREET, SUITE 205
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IVONNE CURE

MGR

08/22/2005

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