2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000034983

1. Entity Name
SAKI OCEANSIDE LLC

Principal Place of Business	Mailing Address
13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618	13014 N DALE MABRY HWY SUITE 356 TAMPA, FL 33618

03142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1171896	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FAIRBANKS, GARY A
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

DO NOT WRITE
IN THIS SPACE

8. 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 _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CONCORDE CAPITAL PARTNERS LLC
STREET ADDRESS	13014 N DALE MABRY HWY SUITE 356
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/08-80040-005 138.75

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Kim M. SCHWENCKE   3/18/08   813-269-0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #