2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# L06000067548

Entity Name: STUDIO ONE SAWGRASS, LLC

Current Principal Place of Business:

12801 WEST SUNRISE BLVD
561
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

14149 WESTFAIR EAST DR
HOUSTON, TX 77041 US

New Mailing Address:

FEI Number: 20-5161383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, JIM
13945 NW 22ND CT
PEMBROKE PINES, FL 330282826 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:	NICHOLS, JIM	
Address:	13945 NW 22ND CT	
City-St-Zip:	PEMBROKE PINES, FL 330282826 US	
Title:	MGRM	( ) Delete
Name:	EVELETH, ROBERT	
Address:	14149 WESTFAIR EAST DR	
City-St-Zip:	HOUSTON, TX 77041 US	
Title:	MGRM	( ) Delete
Name:	NICHOLS, MARIE	
Address:	13945 NW 22ND CT	
City-St-Zip:	PEMBROKE PINES, FL 330282826 US	

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 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: JAMES F NICHOLS MGRM 02/21/2008

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