


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000122830**  
 1. Entity Name  
**SAYMER INVESTMENT LLC**



Principal Place of Business      Mailing Address  
**2030 S. DOUGLAS RD, SUITE 114**      **2030 S. DOUGLAS RD, SUITE 114**  
**CORAL GABLES, FL 33134**              **CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-8119661</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
**SAYEGH, RICARDO**  
**1901 BRICKELL AVENUE #2114-B**  
**MIAMI, FL 33129**

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>MGR</b>	<b>SAYEGH, RICARDO</b>
NAME	<b>1901 BRICKELL AVE #2114 B</b>
STREET ADDRESS	<b>MIAMI, FL 33129</b>
CITY-ST-ZIP	
TITLE <b>MGR</b>	<b>SAYEGH, NELSON E</b>
NAME	<b>1901 BRICKELL AVE #2114 B</b>
STREET ADDRESS	<b>MIAMI, FL 33172</b>
CITY-ST-ZIP	
TITLE <b>MGRM</b>	<b>SAYEGH, NELSON E</b>
NAME	<b>1901 BRICKELL AVENUE #21140B</b>
STREET ADDRESS	<b>MIAMI, FL 33129</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000907441  
 05/05/08-80038-014 138.75

**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:**       **04/15/08**      **305-447-1974**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #