

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028514

FILED
Jul 31, 2007
Secretary of State

Entity Name: SAC ENTITIES, LLC

Current Principal Place of Business:

134 N.E. 1ST ST.
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

134 N.E. 1ST ST.
MIAMI, FL 33132

New Mailing Address:

FEI Number: 54-2084747 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:

LALANI, CHASE A
17 N.W. MIAMI COURT
MIAMI, FL 33128 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: MGRM () Delete
Name: LALANI, CHASE A
Address: 17 N.W. MIAMI COURT
City-St-Zip: MIAMI, FL 33128

Title: MGRM () Delete
Name: PANJWANI, ALLAUDDIN
Address: 2625 HUNTER COURT
City-St-Zip: WESTON, FL 33331

Title: MGRM () Delete
Name: PANJWANI, MADATALI
Address: 2625 HUNTER COURT
City-St-Zip: WESTON, FL 33331

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: CHASE LALANI

MANA

07/31/2007

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