



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 24 AM 11:15

DOCUMENT # B04000000112						SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name SAGE CAPITAL II, L.P.				APR 24 AM 11:15			
Principal Place of Business THE CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DE 19801				Mailing Address THE CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DE 19801			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006 Chg-LP CR2E003 (11/05)			
City & State		City & State		4. FEI Number 20-0661097		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELISSER, PETER 1280 N. PALM AVE. SARASOTA, FL 34236-5604				7. Name and Address of New Registered Agent Name: <u>Peter deLisser</u> Street Address (P.O. Box Number is Not Acceptable) 665 S. Orange Avenue, Suite 1A Sarasota, FL 34236-7503 Zip Code: <u>34236</u>			
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: <u>Peter deLisser</u> DATE: <u>April 19, 2006</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>							
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00							
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L03000054081 SAGE CAPITAL MANAGEMENT, LLC 1280 N. PALM AVENUE SARASOTA, FL 342365604			STREET ADDRESS CITY - ST - ZIP	Sage Capital Management, LLC 665 S. Orange Avenue, Suite 1A Sarasota, FL 34236-7503		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: <u>Peter deLisser</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE: <u>April 19, 2006</u> <small>Daytime Phone #</small>			