
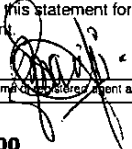
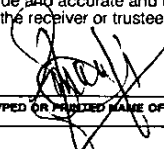


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90349 001 \*\*\*\*50.00

<b>DOCUMENT # L00000010624</b> 1. Entity Name <b>SAHR, LLC</b>			
Principal Place of Business <b>600 N HWY 17-92 LONGWOOD, FL 32746</b> <b>ABOVE LOCATION HAS BEEN SOLD.</b>		Mailing Address <b>P.O BOX 951382 LAKE MARY, FL 32795</b>	
2. Principal Place of Business <b>NONE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O BOX 951382</b> Suite, Apt. #, etc.	
City & State / /		City & State <b>LAKE MARY, FL</b>	
Zip /		Zip <b>32795</b>	
Country /		Country <b>USA</b>	
4. FEI Number <b>59-3633137</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MANJI, SHABBIRALI F 929 WAYBORNE WAY LAKE MARY, FL 32746</b>		7. Name and Address of New Registered Agent Name <b>MANJI, SAME</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>03-10-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MANJI, SHABBIRALI F L 929 WAYBORNE WAY LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> 		Date <b>03/10/05</b> Daytime Phone # <b>407-474-1335</b>	