

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013639 1. Entity Name S & A INVESTMENTS, LLC	
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Principal Place of Business 3115 N.W. NORTH RIVER DR. MIAMI, FL 33142	Mailing Address 3115 N.W. NORTH RIVER DR. MIAMI, FL 33142
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02192004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1060153	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSEN, LAWRENCE N 2925 AVENTURA BLVD., STE. 308 AVENTURA, FL 33180

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.

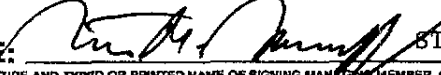
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COVITZ, ALAN 2732 MEADOWOOD DRIVE FT. LAUDERDALE, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARNOFF, STEVEN M 21221 HIGHLAND LAKES BLVD. NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000062635 02/23/04-80125-019 50.00 DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE:  **STEVEN M. SARNOFF** **2/20/04** **(305) 635-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #