2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Aug 19, 2004 8:00 am Secretary of State

DOCUMENT # L0000014552 1. Entity Name SANFORD ACQUISITION GROUP, L.L.C.							90001 002 **'		
Principal Place	e of Rusiness	Mailing Address			1	\sim	1 12400	ひんり	0 J
725 N MAGN		790 SUMMA AVE				•			
ORLANDO, FL		WESTBURY, NY 11590							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08032004	Chg-LLC	CR2E083 (10/	(03)		
City & State		City & State		-4FEI Number 58-2595				olied For Applicable	
Zip	Country Zip Coun		Count	iry	5. Certificate o	of Status Desired	\$5.00 Fee Re		
	6. Name and Address of Curren	Registered Agent	<u>' </u>		7. Name and	Address of New R	egistered Agent		
				Name					
	TEPHEN M		Ļ	Street Address	(D.O. Boutton-to-	s in Net Access			
	GNOLIA AVE			Street Address	(P.O. Box Number	r is Not Acceptable))		
ORLANDO), FL 32803		Ì						
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				City			FL Zip	Code)
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	s registere	ad office or registe	ered agent, or both	n, in the State of Flo	rida. I am familiar	with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered	d Agent signature require	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
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Filing Fee is \$50.00 Due by September 8, 2004									
Fil Due b	ing Fee is \$50.00 by September 8, 2004						e check payable I Department of		ı
		ERS/MANAGERS	1 10.			Florida	Department of		
9.	ing Fee is \$50.00 by September 8, 2004 MANAGING MEMB		10.				Department of	State	Addition
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9. FITLE	MANAGING MEMB		TITLE VNAME	1		Florida	Department of CHANGES	State	
9. TITLE NAME	MANAGING MEMB MGRM JAFFER, SADIQUE		TITLE *NAME STREE	E		Florida	Department of CHANGES	State	
9. FITLE NAME STREET ADDRESS	MANAGING MEMB MGRM JAFFER, SADIQUE 790 SUMMA AVE		TITLE *NAME STREE	E ET ADDRESS -ST-ZIP		Florida	Department of CHANGES	State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGRM JAFFER, SADIQUE 790 SUMMA AVE WESTBURY, NY 11590	☐ Delete	TITLE *NAME STREE CITY -	E ET ADDRESS -ST-ZIP		Florida	CHANGES Ch	State	Addition
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NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #