05-12-2003 90087 013 ****50.00
L01000005162

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

LL 6/23

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 16 AM 9:55

DOCUMENT # L01000005162

1. Entity Name
SAADY & SAXE, L.L.C.

Principal Place of Business	Mailing Address
5118 RUE VENDOME LUTZ, FL 33549	5118 RUE VENDOME LUTZ, FL 33549

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
205 Crystal Grove Blvd.		205 Crystal Grove Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lutz FL		City & State: Lutz FL	
Zip: 33548-6452	Country	Zip: 33548-6452	Country

4. FEI Number: 81-0560267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAXE, DANIEL L
5118 RUE VENDOME
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 3154 Lake Ellen Drive

City: Tampa FL 33618-3618

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SAADY, CLAIRE ~~5118 RUE VENDOME~~ ~~LUTZ, FL 33549~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3154 Lake Ellen Drive Tampa FL 33618-3618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
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CR2E083 (10/02)

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: [illegible] 5-8-03 813 909 8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #