


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000009035</b> 1. Entity Name S.A.S. OF CENTRAL FLORIDA, L.L.C.	
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Principal Place of Business 2221 N. BLVD. WEST DAVENPORT, FL 33837	Mailing Address P.O. BOX 667 DAVENPORT, FL 33836
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**DO NOT WRITE IN THIS SPACE**



04062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3746776	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  ALKASS, MARK 2221 NORTH BOULEVARD WEST DAVENPORT, FL 33837-8990
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**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.

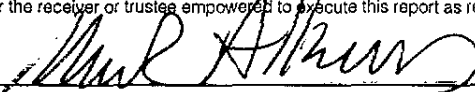
**Filing Fee is \$50.00  
Due by May 1, 2004**

000000112550  
04/14/04-80025-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALKASS, MARK 2221 NORTH BLVD WEST DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAN MARTIN, JULIO RAUL 2221 NORTH BLVD WEST DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAMANCA, EDWIN MANUEL 2221 NORTH BLVD WEST DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **4/12/04 863-421-7600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #