


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000010041 1. Entity Name SAC INVESTMENTS L.L.C.														
Principal Place of Business 1111 LINCOLN ROAD, SUITE 300 MIAMI BEACH, FL 33139	Mailing Address 1111 LINCOLN ROAD, SUITE 300 MIAMI BEACH, FL 33139													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent KLEIN, THEODORE J 88 N.E. 168 STREET NORTH MIAMI BEACH, FL 33162		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: <u><i>RMS</i></u> (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006														
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>MGRM SWEDROE, ROBERT 1111 LINCOLN ROAD, SUITE 300 MIAMI BEACH, FL 33139</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWEDROE, ROBERT 1111 LINCOLN ROAD, SUITE 300 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>RMS</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE														



03082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1115642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000515793
04/29/06-80225-012 50.00

**DO NOT WRITE
IN THIS SPACE**

4/12/06

Date Daytime Phone #