


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <u>20/0000/3283</u>	
<b>1. Entity Name</b> <u>Saga, LLC</u>	

**FILED**

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>8501 NW 17th ST</u> Suite, Apt. #, etc. <u>101</u> City & State <u>Miami, FL</u> Zip <u>33126</u> Country <u>USA</u>	<b>3. Mailing Address</b> <u>8501 NW 17th ST</u> Suite, Apt. #, etc. <u>101</u> City & State <u>Miami, FL</u> Zip <u>33126</u> Country <u>USA</u>
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DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> <u>90-0024857</u>		Applied For
			Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
<b>7. Name and Address of Current Registered Agent</b>		<b>Name</b> <u>Cabrera, Vilma L</u>	
		<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>8501 NW 17th ST</u>	
		<u>Suite 101</u>	
		<b>City</b> <u>Miami</u> <b>FL</b> <b>Zip Code</b> <u>33126</u>	

**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** [Signature]

Signature, typed or printed name of registered agent and title if applicable.

4/28/03  
DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>Manager</u> <u>Pierre Hachem</u> <u>2400 Magnolia Drive North Miami FL 33181</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>Manager</u> <u>Vilma L. Cabrera</u> <u>8501 NW 17th ST Miami FL 33126</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>300017832052</u> <u>05/01/03--01061--001</u> <u>\$50.00</u>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>Manager</u> <u>Nelson R. Cabrera</u> <u>8501 NW 17th ST Miami FL 33126</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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:** [Signature]

Signature and typed or printed name of signing managing member, manager, or authorized representative

4/28/03  
Date

3055739310  
Daytime Phone #

CR2E083B (12/02)