

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014745

Entity Name: S.A.C. X, L.L.C.

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

5427 MONTERREY CLUB COURT  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2228  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 58-2648414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARROLL, CORNELIUS X  
5427 MONTERREY CLUB COURT  
WINDERMERE, FL 34786 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARROLL, SALLY A  
Address: P.O. BOX 2228  
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: CARROLL, CORNELIUS X  
Address: 5427 MONTERREY CLUB COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: VP ( ) Change (X) Addition  
Name: CARROLL JR., CORNELIUS X  
Address: 5427 MONTERREY CLUB COURT  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SALLY A. CARROLL

MGRM

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date