


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017865 1. Entity Name SASOSA PROPERTIES, LLC	
--	---

Principal Place of Business 2637 E ATLANTIC BLVD. PMB 257 POMPANO BEACH, FL 33062	Mailing Address 2637 E ATLANTIC BLVD. PMB 257 POMPANO BEACH, FL 33062
--	--

DO NOT WRITE IN THIS SPACE

02232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1144087	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent SPIGLER, KARNE J 499 NW 70TH AVENUE, #105 PLANTATION, FL 33317

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>Karne Spigler</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
---	---	------

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

0000000067572
02/27/04-80004-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBERT, KIMBERLY 2637 E. ATLANTIC BLVD. PMB 257 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAMBERT, ALBERT 2637 E. ATLANTIC BLVD. PMB 257 POMPANO BEACH, FL 33062
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	

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>23 Feb 04</u> <small>Date</small>	<u>954-899-4785</u> <small>Daytime Phone #</small>
---	---	---