2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90031 029 ****50.00

DOCUMENT # L01000017865

1. Entity Name
SASOSA PROPERTIES, LLC

Principal Place of Business	Mailing Address
8214 154TH CT N PALM BEACH GARDENS, FL 33418	9910 ALT A1A SUITE 702 #122 PALM BEACH GARDENS, FL 33410-4937

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202005 Chg-LLC CR2E083 (10/03)

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

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIGLER, KARNE J
499 NW 70TH AVENUE, #105
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name: Kimberly Lambert
Street Address (P.O. Box Number is Not Acceptable): 8214 154th Ct N
~~Palm Bes~~
City: Palm Beach Gardens FL Zip Code 33418

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: Kimberly Lambert — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 4-20-05

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, KIMBERLY 2637 E. ATLANTIC BLVD. PMB 257 POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lambert, Kimberly 9910 Alternate A1A Suite 702 PMB 122 Palm Beach Gardens, Fl. 33418 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBART, ALBERT 2637 E. ATLANTIC BLVD. PMB 257 POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lambert, Albert 9910 Alternate A1A Suite 702 PMB 122 Palm Beach Gardens, Fl. 33418 ☑ Change ☐ Addition
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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: Kimberly Lambert — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4-20-05

Daytime Phone #: (954) 899-4785 ~~(561) 747-6202~~