

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90559 041 ****50.00

DOCUMENT # L01000018506

1. Entity Name
SAKI HAMMOCK L.L.C.



Principal Place of Business
13014 N DALE MABRY HWY
SUITE 356
TAMPA, FL 33618

Mailing Address
13014 N DALE MABRY HWY
SUITE 356
TAMPA, FL 33618

24030060



2. Principal Place of Business

13907 CARROLLWOOD VILLAGE

3. Mailing Address

2nd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004 Chg-LLC CR2E083 (10/03)

City & State
TAMPA, FL

City & State

4. FEI Number
59-3752477

Applied For
Not Applicable

Zip
33618

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R
KERRY R. SCHWENCKE, P.A.
1209 N OLIVE AVE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
GARY FAIRBANKS

Street Address (P.O. Box Number is Not Acceptable)

13014 N. DALE MABRY HWY, STE 356

City
TAMPA

FL

Zip Code
33618

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 *Kerry R. Schwenske*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3/19/04

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SCHWENCKE, KIM M
STREET ADDRESS 13014 N DALE MABRY HWY SUITE 356
CITY- ST- ZIP TAMPA, FL 33618

TITLE MGRM ☐ Delete
NAME RAPPAPORT, ALEXANDER G
STREET ADDRESS 13014 N DALE MABRY HWY SUITE 356
CITY- ST- ZIP TAMPA, FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY- ST- ZIP

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: *Kim M. Schwenske*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/19/04

Date

213-269-0269

Daytime Phone #

Kim M. Schwenske