

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000018506

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



Principal Place of Business  
13907 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618 US

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



04212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3752477

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FAIRBANKS, GARY  
13014 N. DALE MABRY HWY  
SUITE 356  
TAMPA, FL 33618

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

U000000327376  
04/25/05-80035-004 50.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/19/05

213-269-0899

2100

Daytime Phone #