2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000018506

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

Principal Place of Business	Mailing Address
13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618 US	13014 N DALE MABRY HWY SUITE 356 TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

03102006No Chg-LLC CR2E083 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

100000467708
03/24/06 80002 001 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/10/06 813-264-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Kim SCHWENCKE