

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

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05-02-2003 90265 012 \*\*\*\*50.00

<b>DOCUMENT # L02000005309</b>																																																																																																											
<b>1. Entity Name</b> <b>SASSAFRAS, LLC</b>																																																																																																											
<b>Principal Place of Business</b> <b>1300 THIRD STREET #202 A AND B</b> <b>NAPLES FL 34102</b>			<b>Mailing Address</b> <b>1300 THIRD STREET #202 A AND B</b> <b>NAPLES FL 34102</b>																																																																																																								
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																									
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City & State		City & State																																																																																																									
Zip	Country	Zip	Country	<b>4. FEI Number</b> 030399086																																																																																																							
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> <input type="checkbox"/> <b>Not Applicable</b>																																																																																																							
<b>6. Name and Address of Current Registered Agent</b>  <b>STRASEN, KATHY</b> <b>1300 THIRD STREET #202 A AND B</b> <b>NAPLES FL 34102</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code																																																																																																								
<b>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.</b>																																																																																																											
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____																																																																																																											
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"> <b>Managing Partner</b>  <b>Kathleen Strasen</b>  <b>70 Fountain Circle</b>  <b>Naples, FL 34119</b> </td> <td style="width: 10%; padding: 5px; text-align: center;"> <input type="checkbox"/> Delete                             </td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"></td> <td style="width: 10%; padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> <b>Managing Partner</b>  <b>Tamara Theoharis</b>  <b>2205 Aricue Dr #1304</b>  <b>Naples, FL 34102</b> </td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Delete                             </td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Delete                             </td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Delete                             </td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> </tbody> </table>						9. 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<b>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.</b>																																																																																																											
<b>SIGNATURE:</b> <u><i>Tamara Theoharis</i></u>				<b>4/30/03</b> (239) 435-0004																																																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																											

CR2003 (10/02)