


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90040 029 \*\*\*\*50.00

<b>DOCUMENT # L02000007617</b>	
1. Entity Name <b>SARA ASSOCIATES, LLC</b>	

Principal Place of Business <b>4102 MEDINA WAY SEBRING, FL 33875 US</b>	Mailing Address <b>4102 MEDINA WAY SEBRING, FL 33875 US</b>
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2. Principal Place of Business <b>603 South Boulevard</b>	3. Mailing Address <b>603 South Boulevard</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa, FL 33606</b>	City & State <b>Tampa, FL 33606</b>
Zip	Country

04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>51-6528412</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>STERN, RANDY K 220 SOUTH FRANKLIN STREET TAMPA, FL 33602</b>	

7. Name and Address of New Registered Agent	
Name <b>Ernesto J. Ruas</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>603 South Boulevard</b>	
City <b>Tampa,</b>	FL Zip Code <b>33606</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.	
SIGNATURE <i>Sarah B Ruas no member</i>	DATE <i>4/17/04</i>

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUAS, SARAH B 4102 MEDINA WAY SEBRING, FL 33875 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sarah B. Ruas Garndchildren's Irrev. Trust 603 South Boulevard Tampa, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Sarah B Ruas no member</i>	DATE <i>4/17/04</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	