LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)					FILED Jun 20, 2003 8:00 am			
DOCUMENT # L02000008091 1. Entity Name SADIE LLC					Secretary of State 06-20-2003 90001 013 ****50.00			
	DO NOT WRITE		SPAC	E	10108055 A Contention			
2. Principal Place of Business 1107 Lakeshore Drive Suite, Apt. #, etc.		3. Mailing Address 1107 Lakeshore Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Naples F1 34103		City & State Naples F1 34103			4. FEI Number 02-0608235		Applied For Not Applicable	
Zip 34103	Country U.S.A.	Zip 34103	Coun	try • S • A •	5. Certificate of Status Desired	\$5.00 Fee Reg	Additional	
			Q		7. Name and Address of Current Registered Agent			
DO_NOT_WRITE Name J. Blan_Taylor, Esquire Street Address (P.O. Box Number is Not Acceptable)								
IN THIS SPACE 2272 Airport Rd South Suite 101							101	
Care PC & OCLARD 1993 A - MORE MARCH			a an	City Naples	 f		Code 4112	
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 life it applicable. DATE FEE IS \$59.00								
Make Check Payable to Florida Department of State DUE BY MAY 1								
9. TITLE		RS/MANAGERS	TITLE			and an ann an an Stàise ann an an	2	
NAME	Thomas E King President		NAM	E	Construction to the construction of the second sec second second sec		(12/02)	
STREET ADDRESS CITY - ST - ZIP	1107 Lakeshore I Naples F1 3410	rive	新田田市	ET ADDRESS - ST - ZIP			0838	
TITLE	Vice President, S		TITLE				CR2E083B	
STREET ADDRESS	Angela King 1107 Lakeshore Naples Fl 3410		STRE	ET ADDRESS - ST - ZIP				
TITLE		•••	TITLE	AND THE CASE OF A STREET				
STREET ADDRESS			STRE	ET ADORESS	DO NOT WR	NTC		
CITY-ST-ZIP TITLE			CHY:	ST-ZIP			<u>ne val contraction</u> Receiver and	
NAME STREET ADDRESS			NAM	in a second a second	IN THIS SPA		an an Arabana An Arabana An Arabana an Arabana An Arabana an Arabana	
CITY-ST-ZIP			100 100	et address . St - Zip			an church churchar British a bhailte an British an churchar	
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STREET ADDRESS			STRE	et address .				
CITY-ST-ZIP TITLE			TITLE	ST-ZIP				
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: June 16-2007 279-262. 39949								
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, M	ANAGER, OR	AUTHORIZED REPRESEN	TATIVE Date	Daytime Phone	3# [

Attachment

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10108055 =10200000

THOMAS KING 1107 LAKE SHORE DR. NAPLES, FL.34103

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*Request taken by: tigebora _06-11-2003

The forms you recently requested from this office are:

مارد مرد مر المحصور مرد

(1) 202. L.L.C. A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

State had wrong address, we never received forms

Thunk his