

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008343

Entity Name: SAICI, LLC

FILED
Mar 15, 2007
Secretary of State

Current Principal Place of Business:

1103 ROYAL TROON LANE
ST AUGUSTINE, FL 32086

New Principal Place of Business:

3563 TERRA OAKS COURT
LONGWOOD, FL 32779

Current Mailing Address:

1103 ROYAL TROON LANE
ST. AUGUSTINE, FL 32086

New Mailing Address:

3563 TERRA OAKS COURT
LONGWOOD, FL 32779

FEI Number: 02-0592460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSTERNAK HOCHMAN, OLGA
1103 ROYAL TROON LN.
ST. AUGUSTINE, FL 32806 US

Name and Address of New Registered Agent:

ARACE, DIRK
3563 TERRA OAKS COURT
LONGWOOD, FL 32779 US

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.

SIGNATURE: DIRK ARACE

03/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POSTERNAK, OLGA
Address: 1103 ROYAL TROON LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARACE, DIRK
Address: 3563 TERRA OAKS COURT
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Change (X) Addition
Name: HOCHMAN, ERIC
Address: 2350 BROADWAY APT. 531
City-St-Zip: NEW YORK, NY 10024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIRK ARACE

MGR

03/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date