

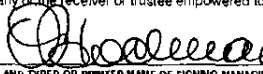
FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90020 041 *****50.00

ORIGINAL

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30048356

DOCUMENT # L02000008343		
1. Entity Name SAICI, LLC		
Principal Place of Business 220 E. CENTRAL PARKWAY, SUITE 2030 ALTAMONTE SPRINGS, FL 32701		Mailing Address 220 E. CENTRAL PARKWAY, SUITE 2030 ALTAMONTE SPRINGS, FL 32701
2. Principal Place of Business 19 N. Old Kings Rd. Suite, Apt. #, etc. Suite C101 City & State Palm Coast, FL Zip 32137 Country USA		3. Mailing Address 19 N. Old Kings Rd. Suite, Apt. #, etc. Suite C101 City & State Palm Coast, FL Zip 32137 Country USA
		4. FEI Number 02-0592460 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent INDEST, GEORGE F III ESQ C/O GEORGE F. INDEST III, P.A. 220 E. CENTRAL PARKWAY, SUITE 2030 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ (NOTE: Registered Agent's signature is required when electing) Signature, typed or printed name of registered agent and title if applicable		
DATE _____		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete mgr Olga Posternak Hochman 19 North Old Kings Rd. #C101 Palm Coast, FL 32137	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete mgr Victor Hochman, m.d. 19 North Old Kings Rd. #C101 Palm Coast, FL 32137	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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 606, Florida Statutes.		
SIGNATURE:  Olga Hochman, Mgr.		3/31/03 (386) 445-4193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

CR2E083 (1/02)