

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1 **FILED**
Feb 12, 2007 8:00 am
Secretary of State

01-17-2007 90006 022 ****50.00

30000450



01102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000009333					
1. Entity Name SAGE ROAD ASSOCIATES, LLC					
Principal Place of Business 102 HARBORVIEW LANE LARGO, FL 33770			Mailing Address 102 HARBORVIEW LANE LARGO, FL 33770		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <u>043645613</u> APPLIED FOR	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SULTENFUSS, SHERRY 102 HARBOR VIEW LANE LARGO, FL 33770			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULTENFUSS, SHERRY		NAME		
STREET ADDRESS	102 HARBOR VIEW LANE		STREET ADDRESS		
CITY - ST - ZIP	LARGO, FL 33770		CITY - ST - ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, GAIL		NAME		
STREET ADDRESS	437 ELLIS DALE ROAD, BOX 306		STREET ADDRESS		
CITY - ST - ZIP	CROSSWICKS, NJ 08515		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sherry Sultenfuss</u>		SHERRY SULTENFUSS		1/10/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

IRS

ATTACHMENT

002

30000450

#L02000009333

VIA Facsimile Trans. 4/18/02

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.

EM04-3645613

OMB No. 1545-0045

1 Legal name of entity (see instructions for certain use in filing requirements)
Sage Road Associates, LLC EIN 04-3645613

2 Trade name of business (if different from name on line 1)
N/A

3 Employer, trustee, "care of" name
N/A

4a Mailing address (room, apt., suite no. and street, or P.O. box)
125 SAGEHULEAH ROAD

4b City, state, and ZIP code
Crystal Beach, FL 34681

5a Street address (if different) (Do not enter a P.O. box.)
SAME

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
Pinellas County, FL

7a Name of principal officer, general partner, grantor, owner, or trustee
Richard P. Wilson, Manager M/18/02

7b SSN, ITIN, or EIN
142-18-2539

8a Type of entity (check only one box)
 Sole proprietor (SSN) Estate (SSN of decedent)
 Partnership Trust administrator (SSN)
 Corporation (enter form number to be filed) Trust (SSN of grantor)
 Personal service corp. National Guard State/local government
 Church or church-controlled organization Farmers' cooperative Federal government/military
 Other nonprofit organization (specify) REMEC Indian tribal government/enterprise
 Other (specify) Group Exemption Number (GEN)
 Florida limited liability company to be taxed as partnership

8b If a corporation, name the state or foreign country (if applicable) where incorporated
State: Florida Foreign country: N/A

9 Reason for applying (check only one box)
 Started new business (specify type) Banking purpose (specify purpose)
 limited liability company Changed type of organization (specify new type)
 Hired employees (Check the box and see line 12.) Purchased going business
 Compliance with IRS withholding regulations Created a trust (specify type)
 Other (specify) Created a pension plan (specify type)

10 Date business started or acquired (month, day, year)
4/18/02 04/18/02

11 Closing month of accounting year
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will be paid to nonresident alien. (month, day, year) N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0".
 Agricultural: 0 Household: 0 Other: 0

14 Check one box that best describes the principal activity of your business.
 Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-grocery/wholesaler Retail
 Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail
 Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Investments

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
 Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
 Legal name: N/A Trade name: N/A

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
 Approximate date when filed (mo., day, year): N/A City and state where filed: N/A Previous EIN: N/A

Third Party Designator
 Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
 Designator's name: _____ Designator's telephone number (include area code): _____
 Address and ZIP code: _____ Designator's fax number (include area code): _____

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly): Richard P. Wilson, Manager
 Signature: [Signature] Date: 4/18/02
 Applicant's telephone number (include area code): 727-789-3689
 Applicant's fax number (include area code): 727-441-8617