2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

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01102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000009333

1. Entity Name
SAGE ROAD ASSOCIATES, LLC

Principal Place of Business	Mailing Address
102 HARBORVIEW LANE LARGO, FL 33770	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
Zip / Country	Zip / Country

4. FEI Number 043645613 APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	M SULTENFUSS, SHERRY 102 HARBOR VIEW LANE LARGO, FL 33770 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MURRAY, GAIL 437 ELLIS DALE ROAD, BOX 306 CROSSWICKS, NJ 08515 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Sherry Sultenfuss SHERRY SULTENFUSS 1/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
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.

EIN 04-3645613
OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Sage Road Associates, LLC EIN 04-3645613

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

3 Executor, trustee, "care of" name: N/A

4a Mailing address (room, apt., suite no. and street, or P.O. box): 125 Sage Uleah Road

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

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

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 Member

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

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

Group Exemption Number (GEN) ▶

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)
- [x] Started new business (specify type) ▶ Florida limited liability company
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify) ▶
- [ ] Banking purpose (specify purpose) ▶
- [ ] Changed type of organization (specify new type) ▶
- [ ] Purchased going business
- [ ] Created a trust (specify type) ▶
- [ ] Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year): 4/18/02 04/20/02

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 first 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	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.
- [ ] Construction
- [ ] Rental & leasing
- [ ] Transportation & warehousing
- [ ] Health care & social assistance
- [ ] Wholesale-agent/broker
- [ ] Real estate
- [ ] Manufacturing
- [x] 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 [x] 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 Designee
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.
Designee's name | Designee's telephone number (include area code)
Address and ZIP code | Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined the 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

Applicant's telephone number (include area code): 727-789-3689

Signature ▶ Richard P. Wilson Date ▶ 4/18/02

Applicant's fax number (include area code): 727-441-8617

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form SS-4 (Rev. 12-2001)