


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000009333</b> 1. Entity Name <b>SAGE ROAD ASSOCIATES, LLC</b>	
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Principal Place of Business <b>102 HARBORVIEW LANE LARGO, FL 33770</b>	Mailing Address <b>102 HARBORVIEW LANE LARGO, FL 33770</b>
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
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01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>04-3645613</b>	Applied For Not Applicable
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5. Certificate of Status Desired	 <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SULTENFUSS, SHERRY 102 HARBOR VIEW LANE LARGO, FL 33770</b>
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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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000778804  
01/11/08-80012-006 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M SULTENFUSS, SHERRY 102 HARBOR VIEW LANE LARGO, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M MURRAY, GAIL 437 ELLIS DALE ROAD, BOX 306 CROSSWICKS, NJ 08515</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/5/07 727 586 6267  
Date Daytime Phone #