

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 21, 2004 8:00 am**  
**Secretary of State**

09-21-2004 90039 015 \*\*\*\*50.00

**DOCUMENT # L02000015122**

1. Entity Name  
**SA-PG MANAGERS - GAINESVILLE LLC**



Principal Place of Business

**C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601**

Mailing Address

**C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601**

**DO NOT WRITE IN THIS SPACE**



08302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**01-0716264**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEVINE, A. KENNETH  
101 N. MONROE STREET, SUITE 725  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**.MGRM  
NEW SURFSIDE ADMINISTRATORS, LLC  
C/O 50 MAIN STREET  
WHITE PLAINS, NY 10606**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

**9/1/04**

**914-390-4300**



Attachment  
24085786  
Division of Corporations

## 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	L02000015122
Business Entity Name	SA-PG MANAGERS - GAINESVILLE LLC
Original File Date	06/18/2002

FEI Number 01-0716264

Principal Address C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601

Mailing Address C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601

Registered Agent A. KENNETH LEVINE  
101 N. MONROE STREET, SUITE 725  
TALLAHASSEE, FL 32301 US

## Managing Member/Manager Name And Address

MGRM  
NEW SURFSIDE ADMINISTRATORS, LLC  
C/O 50 MAIN STREET  
WHITE PLAINS, NY 10606

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

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