2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L02000015122

Entity Name: SA-PG MANAGERS - GAINESVILLE LLC

Current Principal Place of Business:

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

New Principal Place of Business:

C/O 44 SOUTH BROADWAY
SUITE 614
WHITE PLAINS, NY 10601

Current Mailing Address:

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

New Mailing Address:

C/O 44 SOUTH BROADWAY
SUITE 614
WHITE PLAINS, NY 10601

FEI Number: 01-0716264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: NEW SURFSIDE ADMINIS, TRATORS, LLC
Address: C/O 50 MAIN STREET
City-St-Zip: WHITE PLAINS, NY 10606

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NEW SURFSIDE ADMINIS, TRATORS, LLC
Address: C/O 44 SOUTH BROADWAY, SUITE 614
City-St-Zip: WHITE PLAINS, NY 10601

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAXWELL STOLZBERG MGRM 04/25/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date