

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

09-21-2004 90039 001 ****50.00

DOCUMENT # L02000015131

1. Entity Name
SA-PG MANAGERS - JACKSONVILLE LLC



Principal Place of Business
**44 SOUTH BROADWAY
C/O SCHWARTZBERG GROUP
WHITE PLAINS, NY 10601**

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

24085800



08312004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0716292

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
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
24055800
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	L02000015131
Business Entity Name	SA-PC MANAGERS - JACKSONVILLE LLC
Original File Date	06/18/2002

FEI Number 01-0716292

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

Mailing Address 44 SOUTH BROADWAY
C/O SCHWARTZBERG GROUP
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
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:

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

Sunbiz Home Page

Public Access Help