

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015131

FILED
Apr 25, 2005
Secretary of State

Entity Name: SA-PG MANAGERS - JACKSONVILLE LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 01-0716292

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:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NEW SURFSIDE ADMINIS, TRATORS, LLC
Address: 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