

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90172 001 ****50.00
 07-12-2004 90172 002 ****50.00

DOCUMENT # L02000018599

1. Entity Name
SARATOGA PLACE LLC



Principal Place of Business
**88-05 MERRICK BOULEVARD, #L3
 JAMAICA, NY 11432**

Mailing Address
**88-05 MERRICK BOULEVARD, #L3
 JAMAICA, NY 11432**

34009216



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SOBHRAJ, HARRY *MGRM*
**2917 ASHTON TERRACE
 OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL Zip Code

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]* DATE: _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	SUBRAJ, KEN	88-05 MERRICK BOULEVARD, #L3	JAMAICA, NY 11432	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	[same]			<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	SUBRAJ, GEORGE	8805 MERRICK BLVD	JAMAICA, NY 11432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	SOBHRAJ, JAIRAJ	8805 MERRICK BLVD.	JAMAICA, NY 11432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	SOBHRAJ, STEVE	8805 MERRICK BLVD.	JAMAICA, NY 11432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	SOBHRAJ, HARRY	8805 MERRICK BLVD.	JAMAICA, NY 11432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* Date: _____ Daytime Phone #: _____

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

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018582 1. Entity Name SANDSTONE PLACE LLC			
Principal Place of Business 88-05 MERRICK BOULEVARD #L3 JAMAICA, NY 11432		Mailing Address 88-05 MERRICK BOULEVARD #L3 JAMAICA, NY 11432	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		07012004 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 47-0877382	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOBHRAJ, HARRY 2917 ASHTON TERRACE OVIEDO, FL 32765 <i>- MGRM</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P SUBRAJ, KEN	TITLE	
NAME		NAME	
STREET ADDRESS	8805 MERRICK BLVD	STREET ADDRESS	
CITY-ST-ZIP	JAMAICA, NY 11432	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	TITLE	
NAME	SUBRAJ, GEORGE	NAME	
STREET ADDRESS	8805 MERRICK BLVD	STREET ADDRESS	
CITY-ST-ZIP	JAMAICA, NY 11432	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	TITLE	
NAME	SUBRAJ, JURAJ	NAME	SOBHRAJ, JAIRAJ
STREET ADDRESS	8805 MERRICK BLVD	STREET ADDRESS	
CITY-ST-ZIP	JAMAICA, NY 11432	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	TITLE	
NAME	SUBRAJ, STEVE	NAME	SOBHRAJ, STEVE
STREET ADDRESS	8805 MERRICK BLVD	STREET ADDRESS	
CITY-ST-ZIP	JAMAICA, NY 11432	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	TITLE	
NAME	SUBRAJ, HARRY	NAME	SOBHRAJ, HARRY
STREET ADDRESS	8805 MERRICK BLVD	STREET ADDRESS	
CITY-ST-ZIP	JAMAICA, NY 11432	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	