


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018599 1. Entity Name SARATOGA PLACE LLC	
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Principal Place of Business 5600 SILVER STAR RD ORLANDO, FL 32808	Mailing Address 5600 SILVER STAR RD ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE



04162005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SOBHRAJ, HARRY 5600 SILVER STAR RD ORLANDO, FL 32808

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, KEN 88-05 MERRICK BOULEVARD, #L3 JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, GEORGE 8805 MERRICK BLVD JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBRAJ, JAIRAJ 8805 MERRICK BLVD JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBHRAJ, STEVE 8805 MERRICK BLVD JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBHRAJ, HARRY 8805 MERRICK BLVD JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000329733 04/25/05-80132-001 50.00</p> <p>U00000329733 04/25/05-80132-002 5.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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

04/19/05 407-298-6068
Date Daytime Phone #