


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
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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01042008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For 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
5600 SILVER STAR RD
ORLANDO, FL 32808

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, KEN 166-07 HILLSIDE AVE JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, GEORGE 166-07 HILLSIDE AVE JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBRAJ, JAIRAJ 166-07 AVE JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBHRAJ, STEVE 166-07 HILLSIDE AVE JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBHRAJ, HARRY 166-07 HILLSIDE AVE JAMAICA, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/08-80047-016 143.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #