2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000019800

1. Entity Name

SAGA BAY PROPERTIES, LLC



Principal Place of Business

823 N. ELM ST.

GREENSBORO, NC 27401

Mailing Address

PO BOX 3288

GREENSBORO, NC 27402

FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90075 012 ****50.00

24059689



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0632888 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

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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, 2004

9.	MANAGING MEMBERS/MANAGERS
TrÎLE	MGRM
NAME	BELL, JON ,
STREET ADDRESS	214 COUNTRY CLUB DRIVE
CITY-ST-ZIP	GREENSBORO, NC 27408
TITLE	MGRM
NAME	BELL, STEVEN
STREET ADDRESS	600 COUNTRY CLUB DRIVE
CITY-ST-ZIP	GREENSBORO, NC 27408
TITLE	MGRM
NAME	FORMAN, RICHARD
STREET ADDRESS	1118 WESTRIDGE ROAD
CITY-ST-ZIP	GREENSBORO, NC 27410
TITLE	MGRM
NAME	JAY, MACK
STREET ADDRESS	4205 WESTMOUNT DRIVE
CITY-ST-ZIP	GREENSBORO, NC 27410
TITLE	MGRM
NAME	DESTIN DEVELOPEMNT VENTURES, LLC
STREET ADDRESS	3037 OAK TREE LANDING
CITY-ST-ZIP	MARIETTA, GA 30066
TITLE	MGRM
NAME	MASSIRMAN, JAY
STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1000
CITY-ST-ZIP	MIAMI, FL 331312807
11. I hereby certify that the information supplied with this filing does not qualify for the exer	

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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:

Stem S. Rue

4.28.04

336-272-1196

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

Date

Daytime Phone #