

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024444

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: SAABAIDEE MANAGEMENT, LLC

**Current Principal Place of Business:**

PO BOX 681  
SARASOTA, FL 34230

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 681  
SARASOTA, FL 34230

**New Mailing Address:**

FEI Number: 52-2379623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLEMING, ROBERT  
1946 WOOD HOLLOW PL  
SARASOTA, FL 34235 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: FLEMING, ROBERT MGRM  
Address: P.O. BOX 681  
City-St-Zip: SARASOTA, FL 34230

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: MARIEN, RONALD J  
Address: 2617 MAPLELOFT LN.  
City-St-Zip: SARASOTA, FL 34232

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: ROBERT FLEMING

MGRM

04/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date