



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-12-2004 90024 026 ****50.00

DOCUMENT # L02000030419					
1. Entity Name SARATOGA, LLC					
Principal Place of Business 300 SOUTH PINE ISLAND ROAD, SUITE 205 PLANTATION, FL 33324			Mailing Address 300 SOUTH PINE ISLAND ROAD, SUITE 205 PLANTATION, FL 33324		
2. Principal Place of Business 1820 N Corporate Lakes Blvd Suite, Apt. #, etc. 205 City & State Weston, FL		3. Mailing Address 1820 N Corporate Lakes Blvd Suite, Apt. #, etc. 205 City & State Weston, FL			
Zip 33326		Country USA		04042004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 45-0490672				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 DODDO, DAVID 300 SOUTH PINE ISLAND ROAD, SUITE 205 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name David J Doddo Street Address (P.O. Box Number is Not Acceptable) 300 S Pine Island Road Suite 256 City Plantation FL Zip Code 33324		
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 <i>David J Doddo, CPA</i>				DATE <i>4-3-04</i>	
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			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REIT, BAY LLC 200 S PINE ISLAND RD STE 205 PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bay Reit LLC 1820 N Corporate Lakes Blvd, Suite 205 Weston, FL 33326
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>[Signature]</i>				Date <i>04/09/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <i>305.3060</i>	