

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000034127

1. Entity Name
SAKI CARILLON, LLC



Principal Place of Business
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

Mailing Address
13014 N. DALE MABRY HWY.
STE 356
TAMPA, FL 33618



DO NOT WRITE IN THIS SPACE

04212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3763542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIRBANKS, GARY
13014 N. DALE MABRY HWY
STE 356
TAMPA, FL 33618

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RAPPAPORT, A.G.
STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN
CITY- ST- ZIP TAMPA, FL 33624

TITLE MGR
NAME SCHEWENCKE, KIM M
STREET ADDRESS 13014 N. DALE MABRY HWY., STE 356
CITY- ST- ZIP TAMPA, FL 33618

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04/25/05-80035-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

9/19/05

813-164-0249

x102