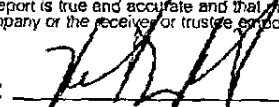


FILED
Mar 29, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000000782		
1. Entity Name SAGE ENTERPRISES II, LLC		
Principal Place of Business 8800 GRAND OAK CIRCLE, STE. 400 TAMPA, FL 33637		Mailing Address 8800 GRAND OAK CIRCLE, STE. 400 TAMPA, FL 33637
DO NOT WRITE IN THIS SPACE		
		03142006 No Chg-LLC CR2E083 (11/05)
4. FEI Number 03-0500022		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent POWERS, DAVID J PA 7777 GLADES ROAD, STE. 300 BOCA RATON, FL 33434		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 reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RABIL, ROBERT L 8800 GRAND OAK CIR #400 TAMPA, FL 33637	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		3/20/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Day/Time Phone #