

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001442

1. Entity Name
SAKI CARILLON ILLC



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

Mailing Address
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618



04182005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2336643	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FAIRBANKS, GARY A
13014 N DALE MABRY HWY
SUITE 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	MGRM
NAME	SCHWENCKE, KIM M
STREET ADDRESS	13014 N. DALE MABRY HWY, SUITE 356
CITY - ST - ZIP	TAMPA, FL 33618

TITLE	MGRM
NAME	RAPPAPORT, ALEXANDER G
STREET ADDRESS	13014 N. DALE MABRY HWY, SUITE 356
CITY - ST - ZIP	TAMPA, FL 33618

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04/20/05-80057-012 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 #

4/15/05

23-269-0269