


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000001442 1. Entity Name SAKI CARILLON II LLC	
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Principal Place of Business 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618	Mailing Address 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



03102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2336643	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
**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 renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWENCKE, KIM M 13014 N. DALE MABRY HWY, SUITE 356 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAPPAPORT, ALEXANDER G 13014 N. DALE MABRY HWY, SUITE 356 TAMPA, FL 33618
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1000000467721
03/24/06-80002-014 50.00

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:  Kim SCHWENCKE 3/10/06 813-269-0895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone