


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90073 016 \*\*\*\*55.00

DOCUMENT # L03000014047					
<b>1. Entity Name</b> SAVA INTERNATIONAL, LLC					
Principal Place of Business			Mailing Address		
12830 YACHT CLUB CIRCLE FT. MYERS, FL 33919			1323 LAFAYETTE STREET SUITE A CAPE CORAL, FL 33904		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>PO BOX 07105</b>			
City & State		City & State <b>FORT MYERS FL</b>			
Zip	Country	Zip	Country	4. EEL Number <b>56-2345625</b>	
<b>33919</b>	<b>USA</b>	<b>33919</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SORNA, ADAM 12830 YACHT CLUB CIRCLE FT. MYERS, FL 33919				Name <b>SARNA, ADAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>12830 YACHT CLUB CIRCLE</b> City <b>FORT MYERS</b> FL <b>33919</b>	
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 <u>ADAM SARNA REGISTERED AGENT Adam Sarna</u> 02/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADAM SARNA</b> <b>12830 YACHT CLUB CIRCLE</b> <b>FT. MYERS FL 33919</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ZBIGNIEW KACZMARCZYK</b> <b>12830 YACHT CLUB CIRCLE</b> <b>FORT MYERS FL 33919</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PIOTR AKSAMIT</b> <b>12830 YACHT CLUB CIRCLE</b> <b>FORT MYERS FL 33919</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Adam SARNA MGRM Adam Sarna</u> 02/29/04 239.542.2721. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					