## - 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L03000021788

SARÁ HOLDINGS, L.L.C.



Principal Place of Business

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

1218 PARK AVENUE, SUITE 1 C/O STEVEN WARFIELD ORANGE PARK, FL 32073

Mailing Address

1218 PARK AVENUE, SUITE 1 C/O STEVEN WARFIELD ORANGE PARK, FL 32073

## **FILED** May 05, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0047899

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M

## DO NOT WRITE

HOLLYWOOD BLVD., SUITE 485-SOUTH		IN .	IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of chairons of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	WARFIELD, STEVEN			
STREET ADDRESS	1218 PARK AVENUE, SUITE 1			
CITY-ST-ZIP	ORANGE PARK, FL 32073			
TITLE				
NAME			U000005637 <b>3</b> 8	
STREET ADDRESS			05/20/06-80025-006 50.00	
CITY-ST-ZIP		<b>.</b>		
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TITLE		I IN .	THIS SPACE	
NAME		I ***	я к алирг чирга и п <sub>е</sub> чирг 266666	
STREET ADDRESS				
CiTY+ST-ZIP				

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 of fusitee empowered to elecute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE <u> 904 264-2431</u> Daytime Phone #