

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000022066 1. Entity Name SAGO PARTNERS, LLC					
Principal Place of Business 61 SAGO PALM ROAD VERO BEACH, FL 32963 US			Mailing Address 61 SAGO PALM ROAD VERO BEACH, FL 32963 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent WEISE, FRANK E III 61 SAGO PALM ROAD VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (If not a registered agent, signature required when registering)					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISE, FRANK E III 61 SAGO PALM ROAD VERO BEACH, FL 32963 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: Frank E Weise			Date: 7/2/04		
SIGNATURE AND TYPED OR PRINTED NAME OF OWNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



07022004 Chg-LLC CR2E083 (10/03)

07/15/04-90049-009-- \$50.00

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