


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90044 049 ****50.00

DOCUMENT # L03000023159

1. Entity Name
SARABAY, L.L.C.



Principal Place of Business
**7442 N. TAMiami TRAIL, SUITE B
 SARASOTA, FL 34243**

Mailing Address **16528 N. Dale Mabry Hwy.**
**9355 BEARSS AVE
 TAMPA, FL 33618**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
16528 N. Dale Mabry Hwy.
 Suite, Apt. #, etc.

City & State
Tampa, FL


City & State
Tampa, FL

Zip
33608

Country
US

Zip
33618

Country
US



01292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
83-0362938

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WALTER
~~3355 BEARSS AVE~~ **16528 N. Dale Mabry Hwy.**
TAMPA, FL 33608

7. Name and Address of New Registered Agent

Name
Sanders, Walter

Street Address (P.O. Box Number is Not Acceptable)
16528 N. Dale Mabry Hwy.

City
Tampa

State
FL

Zip Code
33618

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 **Walter Sanders** **Walter Sanders** **2/20/05**

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LISZEWSKI, KENNETH 7442 N. TAMiami TRAIL, SUITE B SARASOTA, FL 34243 <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
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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: **Kenneth Liszewski** **Kenneth Liszewski** **4/20/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #