


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90078 034 \*\*\*\*50.00

DOCUMENT # L03000023159					
1. Entity Name <b>SARABAY, L.L.C.</b>					
Principal Place of Business <b>7442 N. TAMiami TRAIL, SUITE B SARASOTA, FL 34243 US</b>			Mailing Address <b>165828 N DALE MABRY HWY TAMPA, FL 33618 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>01122007 Chg-LLC CR2E083 (12/06)</span> <div style="text-align: right;">           4. FEI Number  <b>83-0362938</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <span>5. Certificate of Status Desired <input type="checkbox"/></span> <span><b>\$5.00</b> Additional Fee Required</span> </div>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SANDERS, WALTER</b> <b>16528 N DALE MABRY HWY</b> <b>TAMPA, FL 33618</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <i>Walter Sanders</i>		SIGNATURE <i>Walter Sanders</i>		DATE <i>4/25/07</i>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LISZEWSKI, KENNETH</b> <b>7442 N. TAMiami TRAIL, SUITE B</b> <b>SARASOTA, FL 34243</b>	<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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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: <i>Kenneth Liszewski</i>		SIGNATURE: <i>Kenneth Liszewski</i>		DATE: <i>4/25/07</i> DAYTIME PHONE: <i>941-351-8338</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	