

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90559 044 \*\*\*\*50.00

<b>DOCUMENT # L03000023548</b>																																																																																																											
<b>1. Entity Name</b> SAKI BOCA GRANDE LLC																																																																																																											
<b>Principal Place of Business</b> 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33624			<b>Mailing Address</b> 13014 N. DALE MABRY HWY SUITE 356 TAMPA, FL 33618																																																																																																								
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																																																																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																								
City & State			City & State																																																																																																								
Zip <b>33618</b>		Country		Zip Country																																																																																																							
<b>6. Name and Address of Current Registered Agent</b>  FAIRBANKS, GARY A 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33624				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code <b>33618</b>																																																																																																							
<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.</b>																																																																																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																											
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SCHWENCKE, KIM M</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13014 N. DALE MABRY HWY, STE 356</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33618</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RAPPAPORT, ALEXANDER G</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13014 N. DALE MABRY HWY, STE 356</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33618</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SCHWENCKE, KIM M		NAME			STREET ADDRESS	13014 N. DALE MABRY HWY, STE 356		STREET ADDRESS			CITY - ST - ZIP	TAMPA, FL 33618		CITY - ST - ZIP			TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RAPPAPORT, ALEXANDER G		NAME			STREET ADDRESS	13014 N. DALE MABRY HWY, STE 356		STREET ADDRESS			CITY - ST - ZIP	TAMPA, FL 33618		CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																								
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME	SCHWENCKE, KIM M		NAME																																																																																																								
STREET ADDRESS	13014 N. DALE MABRY HWY, STE 356		STREET ADDRESS																																																																																																								
CITY - ST - ZIP	TAMPA, FL 33618		CITY - ST - ZIP																																																																																																								
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME	RAPPAPORT, ALEXANDER G		NAME																																																																																																								
STREET ADDRESS	13014 N. DALE MABRY HWY, STE 356		STREET ADDRESS																																																																																																								
CITY - ST - ZIP	TAMPA, FL 33618		CITY - ST - ZIP																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME			NAME																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME			NAME																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																								
<b>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.</b>																																																																																																											
<b>SIGNATURE:</b>																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																											
Date <b>3/19/04</b> Daytime Phone # <b>813-269-0244</b>																																																																																																											

*Kim M. Schwenske*