

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029790

FILED
Jul 06, 2005
Secretary of State

Entity Name: MARGOT SADLER & ASSOCIATES, LLC

Current Principal Place of Business:

3163 SW MARCO LANE
PALM CITY, FL 34990

New Principal Place of Business:

265 SW PORT ST LUCIE BLVD
202
PORT ST LUCIE, FL 34984

Current Mailing Address:

3163 SW MARCO LANE
PALM CITY, FL 34990

New Mailing Address:

265 SW PORT ST LUCIE BLVD
202
PORT ST LUCIE, FL 34984

FEI Number: 55-0840772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SADLER, MARGOT
3163 SW MARCO LANE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

SADLER, MARGOT
265 SW PORT ST LUCIE
202
PORT ST LUCIE, FL 34984 US

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.

SIGNATURE: MARGOT SADLER

07/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SADLER, MARGOT E
Address: 3163 SW MARCO LANE
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SADLER, MARGOT E
Address: 265 SW PORT ST LUCIE BLVD #202
City-St-Zip: PORT ST LUCIE, FL 34984 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARGOT SADLER

PRES

07/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date