## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED May 03, 2007 08:00 A Secretary of State DOCUMENT # L03000029855 1. Entity Name SAK INVESTMENT GROUP, L.L.C. Principal Place of Business Mailing Address 4137 W. VINE STREET 4137 W. VINE STREET KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 CR2E083 (11/05) 04242007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0156066 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHADEESINGH, KAMAL DO NOT WRITE 4137 W. VINE STREET KISSIMMEE, FL 34741 IN THIS SPACE 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 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, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE CHADEESINGH, SANJAY NAME 7616 APPLE TREE CIR STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP TITLE NAME .1000000760025 STREET ADDRESS 05/24/07-80065-025 50:00 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 accurate this report as required by Chapter 608, Florida Statutes.

Daytime Phone #

097-265.

SIGNATURE: ⊆