


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000032842 1. Entity Name VIRTUAL SAGE, LLC	
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Principal Place of Business 2585 GLADES CIRCLE WESTON, FL 33326	Mailing Address 2585 GLADES CIRCLE WESTON, FL 33326
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DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 51-0480833	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINEBERG, LIBO B ESQ
 3500 GATEWAY DRIVE, SUITE 201
 POMPANO BEACH, FL 33069-4870

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

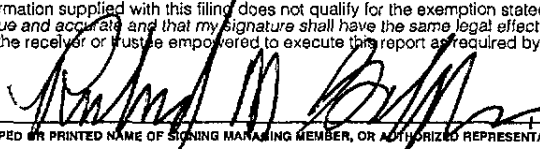
**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDMAN, RICHARD M 2585 GLADES CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDMAN, RENEE K 2585 GLADES CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDMAN, BRENT O 2585 GLADES CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINEBERG, LIBO B 3500 GATEWAY DR., #201 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000315378
 04/19/05-80033-003 55.00

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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)(f), 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:  Member/Manager 2-14-05 954-389-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #