

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000032842

1. Entity Name
 VIRTUAL SAGE, LLC



Principal Place of Business
 2585 GLADES CIRCLE
 WESTON, FL 33326

Mailing Address
 2585 GLADES CIRCLE
 WESTON, FL 33326



03072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 51-0480833 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$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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6. 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

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 | |

11010007495336
 04/21/06 160005-008 \$5.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Richard Goldman Member/Manager 3-16-06 954-389-2451