


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 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
---	---

**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-LLC      CR2E083 (11/05)

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

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

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	

U00000712294  
 04/26/07-80038-024 55.00

**DO NOT WRITE IN THIS SPACE**

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:** Brent Goldman - Managing Member      4-11-07      954-389-2454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #