## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034718

Entity Name: SAGE PREMIUM PROCESSING LLC

FILED Aug 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

412 EAST MADISON STREET 112 - 44TH AVENUE N.

SUITE 900 ST. PETERSBURG, FL 33703

TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

P.O. BOX 1999 112 - 44TH AVENUE N.

TAMPA, FL 33601 ST. PETERSBURG, FL 33703 US

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

ROSENKRANZ, JACK M BECK, MATTHEW T 412 EAST MADISON STREET 112 - 44TH AVENUE N.

SUITE 900 ST. PETERSBURG, FL 33703 US TAMPA, FL 33602 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: MATTHEW T. BECK 08/30/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: ROSENKRANZ, JACK M Name: WILSON, KENTON D Address: P.O. BOX 1999 Address: 112 - 44TH AVENUE N.

City-St-Zip: TAMPA, FL 33601 City-St-Zip: ST. PETERSBURG, FL 33703 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: KENTON D. WILSON MGRM 08/30/2005