

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90026 036 ***138.75

DOCUMENT # L03000038096					
1. Entity Name SARDAN INVESTMENTS LLC					
Principal Place of Business 22711 SOUTHSORE DRIVE LAND O' LAKES, FL 34639 US			Mailing Address 22711 SOUTHSORE DRIVE LAND O' LAKES, FL 34639 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07162008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 51-0486101				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NELSON, SCOTT F 200 SOUTH HOOVER BLVD BLDG 201 SUITE 140 TAMPA, FL 33609			Name <u>WITT, BRIAN R.</u> Street Address (P.O. Box Number is Not Acceptable) <u>22711 South Shore DR</u> City <u>LAND O LAKES</u> <u>FL</u> Zip Code <u>34639</u>		
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		<u>BRIAN R. WITT</u>		<u>7/16/08</u>	
Signature, typed or printed name of registered agent and holder of applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WITT, BRIAN R 22711 SOUTHSORE DRIVE LAND O' LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WITT, CATHERINE 22711 SOUTHSORE DRIVE LAND O' LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		<u>BRIAN R WITT</u>		<u>7/16/08</u>	<u>813-335-4500</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	