

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000039586

1. Entity Name

SAKI ROOM, LLC



FILED

2004 MAY 24 AM 8:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

Principal Place of Business

ATLANTIC GROVE 300 WEST
ATLANTIC AVENUE #C-W
DELRAY BEACH FL 33444

Mailing Address

9917 PALMA VISTA WAY
BOCA RATON FL 33428

2. Principal Place of Business

~~300 West Atlantic Ave.~~ 300 West Atlantic Ave.

3. Mailing Address

9917 Palma Vista Way

Suite, Apt. #, etc.

C-W

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Boca Raton FL

Zip

33444

Country

Palm Beach

Zip

33428

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LICATA, CHRISTOPHER J MR.
9917 PALMA VISTA WAY
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-04

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

500037011535

04/04--01012--002 **250.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LICATA, CHRISTOPHER J MR.
STREET ADDRESS 9917 PALMA VISTA
CITY-ST-ZIP BOCA RATON FL 33428

TITLE MGR ☐ Delete
NAME Sebastian J Licata
STREET ADDRESS 1999 Classic DR
CITY-ST-ZIP Coral Springs FL, 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/04