


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90336 026 \*\*\*150.00

<b>DOCUMENT # L03000039586</b> 1. Entity Name <b>SAKI ROOM, LLC</b>					
Principal Place of Business <b>401 WEST ATLANTIC AVE., 2ND FLOOR, #12 DELRAY BEACH, FL 33444</b>			Mailing Address <b>401 WEST ATLANTIC AVE., 2ND FLOOR, #12 DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>APPLIED FOR</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LICATA, CHRISTOPHER J MR. 401 WEST ATLANTIC AVE., 2ND FLOOR, #12 DELRAY BEACH, FL 33444</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reappointing)      DATE: _____					
<b>Filing Fee is \$50.00 Due by September 8, 2006</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>LICATA, CHRISTOPHER J MR. 401 WEST ATLANTIC AVE., 2ND FLOOR, #12 DELRAY BEACH, FL 33444</b> <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	
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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	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

# ATTACHMENT

on Saturday, Sunday, Monday, or Tuesday, your deposit is due by the following Friday. If your accumulated Form 941 tax liability reaches \$100,000 or more at any time during a semi-weekly period.

320152964 KP 01 000000 200543 6525



**IRS** Department of the Treasury  
Internal Revenue Service  
OGDEN, UT 84201

30611711  
#L03000039586

Employer Identification Number:  
32-0152964

Number of this Notice: CP-136

Form: 941 Tax Period: 2006

For assistance you may call us at:  
1-800-829-0115

296938.213808.0944.019 1 AT 0.292 530



SAKI ROOM LLC  
LICATA CHRISTOPHER SINGLE MBR  
401 W ATLANTIC AVE 2FL UNIT 012  
DELRAY BEACH FL 33444-3689998

This notice has your correct deposit schedule for Tax Year 2006. You may have received a notice which had an erroneous deposit schedule on it. We apologize for the error.

296938

**YOUR 2006 FEDERAL TAX DEPOSIT REQUIREMENTS**