

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040585

Entity Name: SANITONG, LLC

FILED
Jul 07, 2005
Secretary of State

Current Principal Place of Business:

9730 PALMA VISTA WAY
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

9730 PALMA VISTA WAY
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 72-1574057 FEI Number Applied For () 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:

ISAACSON, TARA
9730 PALMA VISTA WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ISAACSON, TARA
Address: 9730 PALMA VISTA WAY
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGR () Delete
Name: STEINBOK, HARRY
Address: 5855 WINDSOR COURT
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGR () Delete
Name: STEINBOK, DAVID
Address: 5855 WINDSOR COURT
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TARA ISAACSON

MGR

07/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date