2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000054081

SAGÉ CAPITAL MANAGEMENT, LLC

Principal Place of Business

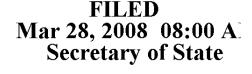
665 S. ORANGE AVE.

SUITE 3 SARASOTA, FL 34236 Mailing Address

665 S. ORANGE AVE.

SUITE 3

SARASOTA, FL 34236





03262008 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DELISSER, PETER 665 S. ORANGE AVENUE SUITE 3 SARASOTA, FL 34236

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstaling)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U000000873204 04/10/08-80068-014 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. DELISSER, PETER 665 S. ORANGE AVENUE, SUITE 3 SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE MAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. Thereby certify that the information supplied with this filing does not qualify for the e			

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE