

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000055517 1. Entity Name SAKI ISLAMORADA LLC	
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Principal Place of Business 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618	Mailing Address 13014 N. DALE MABRY HWY SUITE 356 TAMPA, FL 33618
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03102006 No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0513811	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FAIRBANKS, GARY A 13014 N. DALE MABRY HWY SUITE 356 TAMPA, FL 33618
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**DO NOT WRITE
IN THIS SPACE**

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 renouncing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR RAPPAPORT, ALEXANDER G 13014 N. DALE MABRY HWY, STE 356 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SCHWENCKE, KIM M 13014 N. DALE MABRY HWY, STE 356 TAMPA, FL 33618
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**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Kim Schwencke
KIM SCHWENCKE

3/15/06

213-269-0244