

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014146

Entity Name: SA & ASSOCIATES, LLC

FILED
May 24, 2006
Secretary of State

Current Principal Place of Business:

3790 NW 24TH STREET
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8541
FT. LAUDERDALE, FL 33310 US

New Mailing Address:

FEI Number: 02-0717851 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:

TAYLOR, CHARLIE
2413 NW 19 STREET
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

THE LAW OFFICES OF JOHANNE, LLC
7491 W OAKLAND PK BLVD
SUITE #200-14
LAUDERHILL, FL 33319 US

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: JOHANNE FOSTER, ESQ.

05/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AARON, LA SHAUN M
Address: 3790 NW 24TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: MGRM () Delete
Name: AARON, JOHN M
Address: 3790 NW 24TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311 US

ADDITIONS/CHANGES:

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 Chapter 119, 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: LA SHAUN AARON

MR

05/24/2006

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