2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L04000025345

Entity Name: SAA MANAGEMENT COMPANY, L.L.C.

Current Principal Place of Business:

951 MARKET PROMENADE AVE, STE 2105
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

951 MARKET PROMENADE AVE, STE 2105
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 03-0558492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUBINSKY, TERRY
951 MARKET PROMENADE AVE, STE 2105
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

TRYCON, INC.
951 MARKET PROMENADE AVE, STE 2105
LAKE MARY, FL 32746 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: FRANK J. CANNON 04/23/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LUBINSKY, TERRY
Address: 951 MARKET PROMENADE AVE, STE 2105
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete
Name: CANNON, FRANK J
Address: 951 MARKET PROMENADE AVE, STE 2105
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LUBINSKY, TERRY
Address: 951 MARKET PROMENADE AVE, STE 2105
City-St-Zip: LAKE MARY, FL 32746

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

I hereby certify that the information supplied with this filing does not qualify 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: FRANK J. CANNON MGRM 04/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date