2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000030641

1. Entity Name
SAKI WATERMARK LLC



FILED Mar 29, 2007 08:00 AM Secretary of State

Principal Place of Business

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME SIRELT ADDRESS

HILE

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST ZIP

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618 Mailing Address

13014 N DALE MABRY HWY SUITE 356 TAMPA, FL 33618



03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
20-1025266	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRBANKS, GARY A 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618

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	named entity submits this statement for the purpose of chan lions of registered agent.	iging its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered	Agent signature required when reinstating)	DATE
Fi	iling Fee Is \$50.00 ue by May 1, 2007			U00000683377 04/05/07-80043-008 50.00
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	CONCORDE CAPITAL PARTNERS LLC			
SIREET ADDRESS	13014 N DALE MABRY HWY SUITE 356			
Crty - St - ZiP	TAMPA, FL 33618			

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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 mostee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:	Muk	Kin M. SCHWENCKE	3/20/07	813-269-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			Oate	Daytime Phone #