

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034952

FILED
Jan 07, 2005
Secretary of State

Entity Name: SAS GROUP LLC

Current Principal Place of Business:

90 EDGEWATER DRIVE
SUITE 320
CORAL GABLES, FL 33133 US

New Principal Place of Business:

14223 SW 80 AVENUE
PALMETTO BAY, FL 33158 US

Current Mailing Address:

90 EDGEWATER DRIVE
SUITE 320
CORAL GABLES, FL 33133 US

New Mailing Address:

14223 SW 80 AVENUE
PALMETTO BAY, FL 33158 US

FEI Number: 20-1261612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT A. BLOOM, P.A.
90 EDGEWATER DRIVE
SUITE 320
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

SCOTT A. BLOOM, P.A.
14223 SW 80 AVENUE
PALMETTO BAY, FL 33158 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:

01/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCOTT A. BLOOM, P.A.,
Address: 90 EDGEWATER DRIVE, SUITE 320
City-St-Zip: CORAL GABLES, FL 33133 US

Title: MGR () Delete
Name: BUCHLER, AARON E
Address: 8451 SW 147TH TERRACE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158 US

Title: MGR () Delete
Name: LEFTON, STEVE
Address: 4560 ROYAL PALM AVE
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCOTT A. BLOOM, P.A.,
Address: 14223 SW 80 AVENUE
City-St-Zip: PALMETTO BAY, FL 33158 US

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 Section 119.07(3)(i), 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: SCOTT A BLOOM PA

MGR

01/07/2005

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