2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Mar 08, 2007 08:00 AM Secretary of State **DOCUMENT # L04000050205** 1. Entity Name SAGO PROPERTIES, L.L.C. Mailing Address Principal Place of Business 730 CIRCLE DRIVE 730 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL 32435 US 02182007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 76-0767115 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIS, MARK D 694 BALDWIN AVENUE, SUITE 1 **DEFUNIAK SPRINGS, FL 32435** 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE BUTTS, R. BRUCE NAME STREET ADDRESS 730 CIRCLE DRIVE CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435** TITLE U00000660198 03/19/07-80016-008 50.00 **BUTTS, KAREN A** NAME STREET ADDRESS 730 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32435 CiTY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP as not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information three shall have the same legal effect as if made under oath; that I am a managing member or manager of the to execute this tender as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is true and/ limited liability company or the rega-

FMBER OR AUTHORIZED REPRESENTATIVE

FILED

Devicte Phone #