

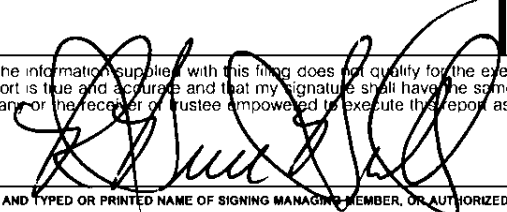


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000050205</b> 1. Entity Name SAGO PROPERTIES, L.L.C.			
Principal Place of Business 730 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32435 US		Mailing Address 730 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32435 US	
			
		04112008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 76-0767115	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DAVIS, MARK D 694 BALDWIN AVENUE, SUITE 1 DEFUNIAK SPRINGS, FL 32435			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUTTS, R. BRUCE 730 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32435		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUTTS, KAREN A 730 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32435		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4-15-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date: Directors Print to #	