

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-14-2005 90604 001 ***150.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000057056					
1. Entity Name LE CLUB AT SAGA BAY, LLC					
Principal Place of Business 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176			Mailing Address 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1468954	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent MITCHELL, JAMES R 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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)					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LCSB22, LLC		NAME		
STREET ADDRESS	9095 S.W. 87TH AVENUE, SUITE 777		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33176		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LCSB14, LLC		NAME		
STREET ADDRESS	9095 S.W. 87TH AVENUE, SUITE 777		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33176		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			James R. Mitchell		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			2/25/05 305-270-0870		