


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 JUN -5 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000061053			
1. Entity Name SAAC PROPERTIES, LLC			
Principal Place of Business 6001 BROKEN SOUND PARKWAY, STE. 600 BOCA RATON, FL 33487		Mailing Address 6001 BROKEN SOUND PARKWAY, STE. 600 BOCA RATON, FL 33487	
2. Principal Place of Business 1001 East Telecom Drive Suite, Apt. #, etc.		3. Mailing Address 1001 East Telecom Drive Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431	Country	Zip 33431	Country
6. Name and Address of Current Registered Agent SCHNARE, JAMES H II 11780 U.S. HIGHWAY #1, STE. 300 NORTH PALM BEACH, FL 33408		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIL. ACT. ADULT COMM., LLC 6001 BROKEN SOUND PKWY, STE 600 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 East Telecom Drive Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE _____		4/28/06 561/981-5252	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1559104 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

05/02/06-90045-044-\$100.00