


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000062993

1. Entity Name
PAT SAKER LLC



Principal Place of Business 16505 NW 16TH STREET PEMBROKE PINES, FL 33028	Mailing Address 16505 NW 16TH STREET PEMBROKE PINES, FL 33028
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DO NOT WRITE IN THIS SPACE



08122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	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

**SAKER, PATRICIA J
 16505 NW 16TH STREET
 PEMBROKE PINES, FL 33028**

DO NOT WRITE 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 _____ DATE _____
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 September 6, 2006

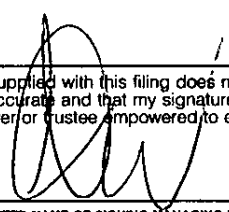
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 08/16/06-80002-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAKER, PATRICIA J 16505 NW 16TH STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAKER, KRISTIN 16505 NW 16TH STREET PEMBROKE PINES, FL 33028
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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:  **Date** 8/14/06 **Daytime Phone #** 908-415-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE