

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90203 027 \*\*\*\*50.00

<b>DOCUMENT # L04000070837</b> 1. Entity Name <b>SAI DIP, LLC</b>					
Principal Place of Business <b>2765 MAYPORT RD.</b> <b>6</b> <b>ATLANTIC BEACH, FL 32233 US</b>			Mailing Address <b>2765 MAYPORT RD.</b> <b>6</b> <b>ATLANTIC BEACH, FL 32233 US</b>		
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 <b>20-1702309</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PATEL, ANILKUMAR D</b> <b>10550 BAYMEADOWS RD.</b> <b>219</b> <b>JACKSONVILLE, FL 32256</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, ANILKUMAR D		NAME		
STREET ADDRESS	10550-219 BAYMEADOWS RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, NUTAN		NAME		
STREET ADDRESS	10550-219 BAYMEADOWS RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, DIPEN A		NAME		
STREET ADDRESS	10550-219 BAYMEADOWS RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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.					
<b>SIGNATURE: <i>[Signature]</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>ANILKUMAR D Patel</b> Date <b>3/17/05</b> Daytime Phone # <b>904-249-1877</b>		