

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000070837

1. Entity Name

SAI DIP, LLC



Principal Place of Business

Mailing Address

2765 MAYPORT RD.  
6  
ATLANTIC BEACH FL 32233  
US

2765 MAYPORT RD.  
6  
ATLANTIC BEACH FL 32233  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

4. FEI Number

20-1702309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, ANILKUMAR D  
10550 BAYMEADOWS RD.  
219  
JACKSONVILLE FL 32256

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 resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME PATEL, ANILKUMAR D  
STREET ADDRESS 10550-219 BAYMEADOWS RD.  
CITY-STATE-ZIP JACKSONVILLE FL 32256

☐ Change ☐ Addition  
U000000637261  
02/26/07-80054-003 50.00

TITLE MGRM ☐ Delete  
NAME PATEL, NUTAN  
STREET ADDRESS 10550-219 BAYMEADOWS RD.  
CITY-STATE-ZIP JACKSONVILLE FL 32256

☐ Change ☐ Addition

TITLE MGRM ☐ Delete  
NAME PATEL, DIPEN A  
STREET ADDRESS 10550-219 BAYMEADOWS RD.  
CITY-STATE-ZIP JACKSONVILLE FL 32256

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

*Dipen A. Patel*

2/17/07

904-249-1877