



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000078362</b> 1. Entity Name <b>S &amp; A OPTIONS, LLC</b>	
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Principal Place of Business <b>2286-3 WEDNESDAY STREET TALLAHASSEE, FL 32308</b>	Mailing Address <b>2286-3 WEDNESDAY STREET TALLAHASSEE, FL 32308</b>
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04112007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-1918848</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BIST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE, FL</b>
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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) DATE


**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GIBBS, HAROLD F 2286-3 WEDNESDAY STREET TALLAHASSEE, FL 32308</b>
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U00000704853  
04/23/07-80027-020 50.00

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4-11-07</b> <small>Date</small>	 <small>Daytime Phone #</small>
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