

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90430 009 \*\*\*\*50.00

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|--|--|---|--|---|--|
| <b>DOCUMENT # L04000079894</b>   |  |   |  |   |  |
| <b>1. Entity Name</b><br>SAS PROPERTY INVESTMENT LLC   |  |   |  |   |  |
| <b>Principal Place of Business</b><br>2680 5TH AVE SOUTH<br>ST. PETE, FL 33712   |  |   | <b>Mailing Address</b><br>16123 ANCROFT CT.<br>TAMPA, FL 33647 |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b><br>OSAMA KAYALI CPA<br>Suite, Apt. #, etc.<br>8064 N. 56th ST.<br>City & State<br>TAMPA FL.<br>Zip<br>33617 Country<br>Hillsborough |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  |  | Country   |  | Zip   |  |
| Country  |  | Country   |  | Country   |  |
| <b>4. FEI Number</b><br>83-0411723   |  |   |  |   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |   |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HASAN, FIOAZ S<br>16123 ANCROFT CT.<br>TAMPA, FL 33647   |  |   |  |   |  |
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code  |  |   |  |   |  |
| <b>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.</b>   |  |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |  | <b>Make check payable to Florida Department of State</b>  |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>                                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HASAN, FIOAZ S<br>16123 ANCROFT CT.<br>TAMPA, FL 33647       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HASSAN, AWAD S<br>18220 SWEET JASMINE DR.<br>TAMPA, FL 33647 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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> |  |   |  |   |  |
| <b>SIGNATURE:</b> <u>Joe S. Hasan / FIOAZ HASAN</u> <b>3-29-2005</b> <b>632-0590</b>   |  |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |  |   |  |   |  |