2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081087

1. Entity Name

SAILOR ASSOCIATES, LLC



FILED Feb 27, 2008 08:00 A **Secretary of State**

Principal Place of Business

9101 W. COLLEGE POINTE DR.

SUITE 1

FORT MYERS, FL 33919

Mailing Address

9101 W. COLLEGE POINTE DR.

SUITE 1

DO NOT WRITE IN THIS SPACE

FORT MYERS, FL 33919 US



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1852947 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Ř.	Name and	Address	of Current	Regist	ered	Agen

KINSEY, JAMES E JR 9101 WEST COLLEGE POINTE DR SUITE 1

FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo	rida. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINSEY, JAMES E JR 9101 W. COLLEGE POINTE DR. STE 1 FORT MYERS, FL 33919		
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44. I hereby certify that the information supplied with this filing does not qualify for the ex-			

U00000341273 03/10/08-80009-025 138.75

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OF

MGR James Exinsayle 2/25/08 2399391367