

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088063

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** SAGO RENTAL PROPERTIES II, L.L.C.

**Current Principal Place of Business:**

730 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

730 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

FEI Number: 76-0767115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, MARK D  
694 BALDWIN AVENUE, SUITE 1  
DEFUNIAK SPRINGS, FL 32435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUTTS, R. BRUCE  
Address: 730 CIRCLE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: MGRM ( ) Delete  
Name: BUTTS, KAREN A  
Address: 730 CIRCLE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R BRUCE BUTTS

MGRM

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date