

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007308

Entity Name: SAI PROPERTIES, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

1726 SW 27TH ST
OCALA, FL 34474 US

New Principal Place of Business:

1726 SW 27TH ST
OCALA, FL 34471 US

Current Mailing Address:

1726 SW 27TH ST
OCALA, FL 34474 US

New Mailing Address:

1726 SW 27TH ST
OCALA, FL 34471 US

FEI Number: 20-2220357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, ANILKUMAR D
1726 SW 27TH ST
OCALA, FL FL US

Name and Address of New Registered Agent:

PATEL, ANILKUMAR D
1726 SW 27TH ST
OCALA, FL 34471 US

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: ANILKUMAR PATEL

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, ANILKUMAR D
Address: 1726 SW 27TH ST
City-St-Zip: OCALA, FL 34474 US

Title: MGR () Delete
Name: PATEL, PARESH S
Address: 1520 GULF BLVD
City-St-Zip: CLEARWATER, FL 34474 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, ANILKUMAR D
Address: 1726 SW 27TH ST
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: PATEL, PARESH S
Address: 1520 GULF BLVD
City-St-Zip: CLEARWATER, FL 34630 US

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: ANILKUMAR PATEL

MGRM

01/04/2008

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