


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90221 019 \*\*\*\*55.00

<b>DOCUMENT # L05000028932</b>	
1. Entity Name <b>SAYRE HOLDINGS, LLC</b>	

Principal Place of Business <b>301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431</b>	Mailing Address <b>301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431</b>
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2. Principal Place of Business - No P.O. Box # <b>7689 CARDINAL CT</b>	3. Mailing Address <b>7689 CARDINAL CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State <b>WEST PALM BEACH</b>	City & State <b>WEST PALM BEACH</b>
Zip <b>33412</b>	Zip <b>33412</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>01-0831697</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SNELLING, LINDA ESQ C/O SACHS SAX KLEIN 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431</b>	
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7. Name and Address of New Registered Agent Name <b>ROBERT SAYRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>10130 NORTHLAKE BLVD</b> <b>SUITE 214-339</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33412</b>	
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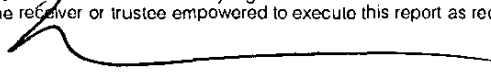
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM SAYRE, ROBERT 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Robert Sayre** 2/3/07 561-312-2128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE