


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2006 8:00 am
Secretary of State

03-22-2006 90291 029 ****50.00
08-18-2006 90028 014 ****50.00

DOCUMENT # L05000040699	
1. Entity Name SAGE LAGRAVE LLC	

Principal Place of Business 1196 JEFFERSON RD TALLAHASSEE FL 32317	Mailing Address PO BOX 5661 TALLAHASSEE FL 32314
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2. Principal Place of Business 130 SUNFLOWER RD		3. Mailing Address PO BOX 5661	
Suite, Apt. #, etc. MOBILE HOME		Suite, Apt. #, etc.	
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL	
Zip 32305	Country USA	Zip 32314	Country USA

2nd MOORE CR2E083 (4/06)

4. FEI Number 42-1708331		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LAGRAVE, ANGELE 1196 JEFFERSON RD TALLAHASSEE FL 32317		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City FL Zip Code		

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAGRAVE, ANGELE 1196 JEFFERSON RD TALLAHASSEE FL 32317 <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 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:  **8-1-6 (850) 443-0158**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #