

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90030 035 ****50.00

DOCUMENT # L05000040699					
1. Entity Name SAGE LAGRAVE LLC					
Principal Place of Business 130 SUNFLOWER RD TALLAHASSEE, FL 32305			Mailing Address PO BOX 5661 TALLAHASSEE, FL 32314		
2. Principal Place of Business - No P.O. Box # 130 Sunflower rd Tallahassee FL 32305 Suite, Apt. #, etc.		3. Mailing Address 130 Sunflower rd Tallahassee FL 32305 Suite, Apt. #, etc.		60040966 	
City & State Tallahassee FL Zip 32305		Country USA		4. FEI Number 42-1708331 APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03272007 Chg-LLC CR2E083 (12/06)			
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: Angele LaGrave Street Address (P.O. Box Number is Not Acceptable): 951 Casey Rd. City: Tallahassee FL Zip Code: 32305		
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: Angele LaGrave			DATE: 3-27-07		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
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			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: Angele LaGrave			DATE: 3-27-07 591-8143		