


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000062690</b> 1. Entity Name SAKI FIESTA LLC	
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Principal Place of Business 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618	Mailing Address 13014 N DALE MABRY HWY SUITE 356 TAMPA, FL 33618
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**DO NOT WRITE IN THIS SPACE**



03142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3048190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRBANKS, GARY A  
13907 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRBANKS, GARY A 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPPAPORT, ALEXANDER G 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWENCKE, KIM M 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618
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U000000866702  
04/08/08-80040-006 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:  Kim M. SCHWENCKE 3/18/08 813-269-0899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Deline Phone #