

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 07, 2006 8:00 am
Secretary of State

05-01-2006 90038 049 *****50.00

00003701

DOCUMENT # L05000082570 1. Entity Name SAWGRASS TECH LAND ASSOCIATES, LLC					
Principal Place of Business % STILES CORPORATION / ATTN: ROCCO FERRERA 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301			Mailing Address % STILES CORPORATION / ATTN: ROCCO FERRERA 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3338723	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHERMAN, JUDY % STILES CORPORATION 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Patriotic Enterprises LLC 300 S.E. 2nd Street Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" 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	
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 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: <u>Terry W. Stiles</u> 1/30/06 954-627-9300 <small>SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

30009751

**NATIONAL DEVELOPER
OF THE YEAR**



300 S.E. 2nd Street
Ft. Lauderdale, Florida 33301
954.627.9350
954.627.9399 Fax
stiles.com
stiles@stiles.com

June 2, 2006

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

DIVISION OF CORPORATIONS
P. O. Box 6478
Tallahassee, Florida 32314

Re: SAWGRASS TECH LAND ASSOCIATES, LLC - L05000082570

Dear Sir/Madame:

We are enclosing herewith the 2006 Limited Liability Company Annual Report for the above-referenced entity that now contains the missing title of the entity listed in box 10. I am also enclosing a copy of your department's transmittal letter requesting this correction.

If you have any questions at this time, please feel free to contact me at (954) 627-9156.

Sincerely,

STILES CORPORATION

Judy Sherman
Closing Coordinator

Enclosures