

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094657

Entity Name: SAGOLI, LLC

FILED
Apr 08, 2007
Secretary of State

Current Principal Place of Business:

793 HEALTHCARE DRIVE
SUITE 102
ORANGE CITY, FL 32763

Current Mailing Address:

793 HEALTHCARE DRIVE, SUITE 102
C/O DR. CALDERON
ORANGE CITY, FL 32763

New Principal Place of Business:

955 TOWN CENTER DRIVE
SUITE 100
ORANGE CITY, FL 32763

New Mailing Address:

C/O S. CALDERON, MD
P.O BOX 740787
ORANGE CITY, FL 327740787

FEI Number: 90-0249221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDERON, SANTIAGO W
4036 BERMUDA GROVE PLACE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTEPH OF BERMUDA, GROVE CORP.
Address: 793 HEALTHCARE DRIVE, SUITE 102
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CALDERON, SANTIAGO W
Address: 955 TOWN CENTER DRIVE, SUITE 100
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANTIAGO W. CALDERON

MGR

04/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date