



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90349 049 \*\*\*\*50.00

<b>DOCUMENT # L05000102701</b> 1. Entity Name <b>SAGE SOUTHBAY MANAGEMENT, LLC</b>					
Principal Place of Business <b>665 S. ORANGE AVE SUITE 1A SARASOTA, FL 34236</b>			Mailing Address <b>665 S. ORANGE AVE SUITE 1A SARASOTA, FL 34236</b>		
2. Principal Place of Business - No P.O. Box # <b>665 S. Orange Avenue</b> Suite, Apt. #, etc. <b>Suite 3</b>		3. Mailing Address <b>665 S. Orange Avenue</b> Suite, Apt. #, etc. <b>Suite 3</b>		<b>60034076</b> 	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		03272007 Chg-LLC CR2E083 (12/06)	
Zip <b>34236</b>		Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DELISSER, PETER 665 S. ORANGE AVE SUITE 1A SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Peter Delisser</b> Street Address (P.O. Box Number is Not Acceptable) <b>665 S. Orange Avenue</b> <b>Suite 3</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>		
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 <u>Peter de Lima, Peter Delisser managing member</u> <span style="float: right;">3/27/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELISSER, PETER 665 S. ORANGE AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVY, MARK A PO BOX 2507 SARASOTA, FL 34230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Peter de Lima, Peter Delisser managing member</u> <span style="float: right;">3/27/07</span> <span style="float: right;">941-952-1032</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					