2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

	ANNUAL		Secretary or State				
DOCUMENT # L05000102701 1. Entity Name SAGE SOUTHBAY MANAGEMENT, LLC					04-09-2007	90349 049 ****	50.00
Principal Plac	e of Business	Mailing Address				^	
665 S. ORAN	IGE AVE	665 S. ORANGE AVE		1	6003407	6	
SUITE 1A		SUITE 1A			00002013		
SARASOTA, F	L 34236	SARASOTA, FL 34236		(II BAIR BIII BTII BAII GAI		189 1 (11 1 8 6)
Principal Place of Business - No P.O. Box # 3. Mailing Address				——————————————————————————————————————			
655. Orange Avenue		655 5. Orange Avenue		11000000	ili ediet eitti evili vail vail vail		1831 III (2E)
Suite, Apt		Suite, Apt. #, etc.		03272007	Chg-LLC	CR2E083 (12/06)	
Suite		(Juite 3)		03212007			
City & Stat		City & State		4. FEI Numi			oplied For
Saralo		Sarasota, FL	Country	NOT A	PPLICABLE		ot Applicable
34236	Country	34236	Country USA	5. Certificat	e of Status Desired	□ \$5.00 Add Fee Require	
3/000	6. Name and Address of Current I	<u> </u>		7. Name an	d Address of New Ro		
		<u> </u>	Name D	1 11.			
DELISSER			Street Add	deLIS	per is Not Acceptable	· · · · · · · · · · · · · · · · · · ·	-
SUITE 1A	ANGE AVE		665		e Avenue	, 	
	A, FL 34236			(123)			
	••		City	1		FL Zip Cod	е ,
A The charge	and and and and another than the state of th		Jq	14/6/9	ath is the Ober of Flo	<u> </u>	36
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office of re	egistered agent, or b	oth, in the State of Fio	rida. Tam ramiliar with,	апо ассерт
	Pote de Jin	Peto- Polices	h-m-ne	me les	7	12/02	
SIGNATURE .	CALL UC OLUME.	IVICE DEFINE	mangaina 1	mbu bu	-,		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered agent signature	e required when reinstating)	,	DATE	
	Signature, typed or ported name of registered agents liling Fee is \$50.00 ue by May 1, 2007	und title if applicable. (NOTE:	Registered Ment signature	e required when reinstating)		check payable to Department of State	
	iling Fee is \$50.00		Registered Ment signature	e required when reinstating)		check payable to Department of State	e
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM		10.	erequired when reinstating)	Florida	check payable to Department of State	e Addition
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM DELISSER, PETER	RS/MANAGERS	10. TITLE NAME	a required when reinstating)	Florida	a check payable to Department of State CHANGES	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM DELISSER, PETER 665 S. ORANGE AVE	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	e required when reinstating)	Florida	a check payable to Department of State CHANGES	
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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:	l de Tisse	Peter JeLiver	managing member	3/27/07	941-952-1032
SIGNATURE AND TY	PED OR PRINTED NAME O	F SIGNING MANAGING MEMBER,	MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #