

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90363 017 \*\*\*\*50.00

**DOCUMENT # L05000103590**

1. Entity Name  
**SABREROSE II, LLC**



Principal Place of Business  
**1211 NORTH FRANKLIN STREET  
TAMPA, FL 33602 US**

Mailing Address  
**1211 NORTH FRANKLIN STREET  
TAMPA, FL 33602 US**

*1501 Doyle Carlton Dr., #409*

40111000



**DO NOT WRITE IN THIS SPACE**

04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**74-3157092**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRELL, JOHN R  
1211 NORTH FRANKLIN STREET  
TAMPA, FL 33602**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HARRELL, JOHN R
STREET ADDRESS	1211 NORTH FRANKLIN STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	FERRELL, STEPHANIE E
STREET ADDRESS	1211 N. FRANKLIN ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Stephanie Ferrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*April 30, 2007*

Date

Daytime Phone #

*813-318-9100*