



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000108977	
1. Entity Name SAC CHICH, LLC	

Principal Place of Business: 8750 LARKIN ROAD SUITE 102 SAVAGE, MD 20763	Mailing Address: 8750 LARKIN ROAD SUITE 102 SAVAGE, MD 20763
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01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3862899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
 4221 WEST BOY SCOUT BOULEVARD
 SUITE 1000
 TAMPA, FL 33607

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCARTHY, JOHN 8750 LARKIN ROAD, SUITE 102 SAVAGE, MD 20763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGER, HOWARD 8750 LARKIN ROAD, SUITE 102 SAVAGE, MD 20763
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 05/02/07-80120-014-50.00

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: Kari Kaye, CEO Date: 4/10/07 Daytime Phone #: 321-588-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #