
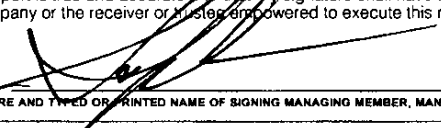


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90025 033 \*\*\*\*50.00

<b>DOCUMENT # L05000120454</b> 1. Entity Name <b>SAAM FINANCIAL, LLC</b>					
Principal Place of Business <b>2683 ST JOHNS BLUFF RD S</b> <b>155</b> <b>JACKSONVILLE, FL 32246 US</b>			Mailing Address <b>2683 ST JOHNS BLUFF RD S</b> <b>155</b> <b>JACKSONVILLE, FL 32246 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04122006 Chg-LLC CR2E083 (11/05) 4. FEI Number <b>20-3963545</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MONSOURI, SAFA</b> <b>2683 ST JOHNS BLUFF RD S</b> <b>155</b> <b>JACKSONVILLE, FL 32246</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MONSOURI, SAFA</b> <b>2683 ST JOHNS BLUFF RD S # 155</b> <b>JACKSONVILLE, FL 32246</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SABET, AMIR</b> <b>2683 ST JOHNS BLUFF RD S # 155</b> <b>JACKSONVILLE, FL 32246</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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> 				<b>4/16/06 904-642-2603</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	