

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000050557

1. Entity Name  
SAKI CREEK LLC



Principal Place of Business  
13907 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618

Mailing Address  
13014 N DALE MABRY HWY  
SUITE 356  
TAMPA, FL 33618



03312008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4885758	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**

FAIRBANKS, GARY A  
13907 CARROLLWOOD VILLAGE RUN  
TAMPA, FL FL

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	RAPPAPORT, ALEXANDER G
STREET ADDRESS	13014 N DALE MABRY HWY, STE 356
CITY- ST- ZIP	TAMPA, FL 33618
TITLE	MGR
NAME	SCHWENCKE, KIM M
STREET ADDRESS	13014 N DALE MABRY HWY, STE 356
CITY- ST- ZIP	TAMPA, FL 33618
TITLE	MGR
NAME	FAIRBANKS, GARY A
STREET ADDRESS	13014 N DALE MABRY HWY, SUITE 356
CITY- ST- ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000878100  
04/14/08-80041-002 138.75

**DO NOT WRITE  
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: \_\_\_\_\_

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

DATE

DAYTIME PHONE #

GARY A. FAIRBANKS 3/31/08 813-269-0899