2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L06000051482

Entity Name: SAJA LAKE, LLC

Current Principal Place of Business:

5633 STATE ROAD 54
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5633 STATE ROAD 54
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 20-4909604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

COLETTI, BRIAN T
5633 SR 54
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: BRIAN COLETTI 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	COLETTI, SCOTT	
Address:	5633 STATE ROAD 54	
City-St-Zip:	NEW PORT RICHEY, FL 34652 US	
Title:	MGRM	( ) Delete
Name:	COLETTI, ALLISON	
Address:	5633 STATE ROAD 54	
City-St-Zip:	NEW PORT RICHEY, FL 34652 US	
Title:	MGRM	( ) Delete
Name:	DOUGLAS, JOE	
Address:	5633 STATE ROAD 54	
City-St-Zip:	NEW PORT RICHEY, FL 34652 US	
Title:	MGRM	( ) Delete
Name:	DOUGLAS, KATHRYN ANN	
Address:	5633 STATE ROAD 54	
City-St-Zip:	NEW PORT RICHEY, FL 34652 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT COLETTI MGRM 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date