

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053397

Entity Name: SAS VENTURES, LLC

FILED  
Feb 20, 2008  
Secretary of State

**Current Principal Place of Business:**

2535 STATE ROAD 16  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

2535 STATE ROAD 16  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 20-4932959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, SNEHAL R  
2535 STATE ROAD 16  
ST. AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: PATEL, SWATI R  
Address: 2535 STATE ROAD 16  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGR ( ) Delete  
Name: PATEL, SNEHAL R  
Address: 2535 SR 16  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGR ( ) Delete  
Name: PATEL, AMI R  
Address: 2535 SR 16  
City-St-Zip: ST AUGUSTINE, FL 32092

**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:

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: SNEHAL R. PATEL

MGR

02/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date