

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065773

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** SAWGRASS INVESTMENT PROPERTIES, LLC

**Current Principal Place of Business:**

404 E. DIVISION ST.  
CLERMONT, FL 34715

**New Principal Place of Business:**

155 HIGHWAY A1A  
#403  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

404 E. DIVISION ST.  
CLERMONT, FL 34715

**New Mailing Address:**

P.O. BOX 608841  
ORLANDO, FL 32860

**FEI Number:** 20-5141614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, WASE F JR  
2901 CURRY FORD RD. SUITE 212  
ORLANDO, FL 32806 US

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

CHOLAK, DAVID N  
155 HIGHWAY A1A  
#403  
SATELLITE BEACH, FL 32937 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:** DAVID N CHOLAK

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** CHOLAK, DAVID  
**Address:** 404 E. DIVISION ST.  
**City-St-Zip:** CLERMONT, FL 34715

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** CHOLAK, DAVID N  
**Address:** P.O. BOX 608841  
**City-St-Zip:** ORLANDO, FL 32860

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:** DAVID N CHOLAK

MGRM

04/29/2008

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