2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 04, 2008
Secretary of State

DOCUMENT# L06000075906

Entity Name: SA LAKE MARY, LLC

Current Principal Place of Business:

411 AUGUSTINE CT.
OVIEDO, FL 32765

New Principal Place of Business:

4355 W LAKE MARY BLVD
LAKE MARY, FL 32746

Current Mailing Address:

411 AUGUSTINE CT.
OVIEDO, FL 32765

New Mailing Address:

600 LEGACY PARK DR
CASSELBERRY, FL 32707

FEI Number: 20-5376268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON, PHILIP A
411 AUGUSTINE CT.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

GIBSON, PHILIP A
600 LEGACY PARK DR
CASSELBERRY, FL 32707 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: 07/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GIBSON, PHILIP A
Address: 411 AUGUSTINE CT.
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete
Name: GIBSON, STACY A
Address: 411 AUGUSTINE CT.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GIBSON, PHILIP A
Address: 600 LEGACY PARK DR
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Change ( ) Addition
Name: GIBSON, STACY A
Address: 600 LEGACY PARK DR
City-St-Zip: CASSELBERRY, FL 32707

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: PHILIP A GIBSON MGRM 07/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date