

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122262

FILED
May 14, 2008
Secretary of State

Entity Name: SAJE II, LLC

Current Principal Place of Business:

601 S FEDERAL HWY
HOLLYWOOD, FL 33020

New Principal Place of Business:

601 S FEDERAL HWY
HOLLYWOOD, FL 330205421

Current Mailing Address:

PO BOX 221600
HOLLYWOOD, FL 330221600

New Mailing Address:

FEI Number: 45-0559183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TILLES, DAVID D
601 S FEDERAL HWY
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

TILLES, DAVID D
601 S FEDERAL HWY
HOLLYWOOD, FL 330205421 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:

05/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TILLES, DAVID
Address: PO BOX 220936
City-St-Zip: HOLLYWOOD, FL 330220936

Title: MGRM () Delete
Name: TILLES, MINDY L
Address: PO BOX 221600
City-St-Zip: HOLLYWOOD, FL 330221600

Title: MGRM () Delete
Name: TILLES, ARNO W
Address: 10 ROGERS ST
City-St-Zip: CAMBRIDGE, MA 02142

Title: MGRM () Delete
Name: TILLES, MONTY J
Address: PO BOX 78
City-St-Zip: S STRAFFORD, VT 05070

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TILLES, DAVID D
Address: PO BOX 220936
City-St-Zip: HOLLYWOOD, FL 330220936

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

Title: MGRM (X) Change () Addition
Name: TILLES, ARNO W
Address: 10 ROGERS ST
City-St-Zip: CAMBRIDGE, MA 021421252

Title: MGRM (X) Change () Addition
Name: TILLES, MONTY J
Address: PO BOX 78
City-St-Zip: S STRAFFORD, VT 050700078

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 D TILLES

MGRM

05/14/2008

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