

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012538

FILED
Apr 19, 2008
Secretary of State

Entity Name: SADLER LLC

Current Principal Place of Business:

2200 WINTER SPRINGS BLVD.
SUITE 106-353
OVIEDO, FL 32765

New Principal Place of Business:

932 SEMINOLE WOODS BLVD
GENEVA, FL 32732

Current Mailing Address:

2200 WINTER SPRINGS BLVD.
SUITE 106-353
OVIEDO, FL 32765

New Mailing Address:

P.O. BOX 622794
OVIEDO, FL 32762

FEI Number: 26-1231936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOKOLOWSKI, KARYN
2200 WINTER SPRINGS BLVD.
SUITE 106-353
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

SOKOLOWSKI, KARYN
932 SEMINOLE WOODS BLVD
GENEVA, FL 32732 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: KARYN SOKOLOWSKI

04/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOKOLOWSKI, KARYN
Address: 2200 WINTER SPRINGS BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: SOKOLOWSKI, MARK
Address: 2200 WINTER SPRINGS BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: SNYDER, RON
Address: 2200 WINTER SPRINGS BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: SNYDER, KRISTIN
Address: 2200 WINTER SPRINGS BLVD.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOKOLOWSKI, KARYN
Address: P.O. BOX 622794
City-St-Zip: OVIEDO, FL 32762

Title: MGRM (X) Change () Addition
Name: SOKOLOWSKI, MARK
Address: P.O. BOX 622794
City-St-Zip: OVIEDO, FL 32762

Title: MGRM (X) Change () Addition
Name: SNYDER, RON
Address: P.O. BOX 622794
City-St-Zip: OVIEDO, FL 32762

Title: MGRM (X) Change () Addition
Name: SNYDER, KRISTIN
Address: P.O. BOX 622794
City-St-Zip: OVIEDO, FL 32762

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: KARYN SOKOLOWSKI

MGRM

04/19/2008

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