## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Apr 29, 2008 8:00 am Secretary of State **DOCUMENT # L07000084545** 1. Entity Name 04-29-2008 90027 046 \*\*\*138.75 SAAC MB 18, LLC Principal Place of Business Mailing Address 1001 EAST TELECOM DRIVE 1001 EAST TELECOM DRIVE BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E083 (12/06) 4. FEI Number 812853 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change Addition SILVER, LARRY D NAME NAME STREET ADDRESS 1001 EAST TELECOM DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME SILVER, LARRY D NAME STREET ADDRESS 1001 EAST TELECOM DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition MINNIEAR, EDWARD O JR. NAME NAME STREET ADDRESS 1001 EAST TELECOM DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MINNIEAR, EDWARD O JR. NAME STREET ADDRESS 1001 EAST TELECOM DRIVE STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Jesse A. Holshouser, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/21/08

981-5252

Daytime Phone #

FILED