

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099793

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: S&A CFI PROPERTIES, LLC

**Current Principal Place of Business:**

6078 WATERWOOD TRAIL  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1119  
HIGHLAND CITY, FL 33846 US

**New Mailing Address:**

FEI Number: 26-1166804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PUTNAM, ABEL A  
500 SOUTH FLORIDA AVE.  
SUITE 300  
LAKELAND, FL 33801 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SACKETT, TRACY L  
Address: 6078 WATERWOOD TRAIL  
City-St-Zip: BARTOW, FL 33830 US

Title: MGRM ( ) Delete  
Name: AGNER, KATHY L  
Address: 5410 STRICKLAND AVE.  
City-St-Zip: LAKELAND, FL 33812

Title: MGRM ( ) Delete  
Name: SACKETT, RICHARD W  
Address: 6078 WATERWOOD TRAIL  
City-St-Zip: BARTOW, FL 33830 US

Title: MGRM ( ) Delete  
Name: AGNER, WILLIAM M JR.  
Address: 5410 STRICKLAND AVE  
City-St-Zip: LAKELAND, FL 33812 US

**ADDITIONS/CHANGES:**

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

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

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

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

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: TRACY SACKETT

MGRM

04/15/2008

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