2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100497

Entity Name: SARESCO, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
171 S. ORANGE AVE. ORLANDO, FL 32801 US	171 S. ORANGE AVE ORLANDO, FL 32801 US

Current Mailing Address:	**New Mailing Address:**
171 S. ORANGE AVE. ORLANDO, FL 32801 US	171 S. ORANGE AVE ORLANDO, FL 32801 US

FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SAENZ, BENJAMIN 171 S. ORANGE AVENUE ORLANDO, FL 32801 US	SAENZ, BENJAMIN 171 S. ORANGE AVE ORLANDO, FL 32801 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: _____   03/11/2008
                   Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGRM ( ) Delete Name: DEJESUS, BLANCA I Address: 236 JESSAMINE DRIVE City-St-Zip: DAVENPORT, FL 33837 US	Title: MGRM (X) Change ( ) Addition Name: DEJESUS, BLANCA I Address: 171 S. ORANGE AVE City-St-Zip: ORLANDO, FL 32801 US
Title: MGR ( ) Delete Name: SAENZ, BENJAMIN Address: 1110B LUTYENS LANE City-St-Zip: CELEBRATION, FL 347474020	Title: MGR (X) Change ( ) Addition Name: SAENZ, BENJAMIN Address: 171 S. ORANGE AVE City-St-Zip: ORLANDO, FL 32801

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: BENJAMIN SAENZ   MGR   03/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date