


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90019 021 \*\*\*138.75

|  |   |                     |  |   |  |
|--|---|---------------------|--|---|--|
| <b>DOCUMENT # L07000128199</b><br>1. Entity Name<br><b>SAGAMORE FLORIDA LLC</b>  |   |                     |  |    |  |
| Principal Place of Business<br><b>600 CENTRAL AVE. SUITE 365<br/>HIGHLAND PARK, IL 60035</b>   |   |                     | Mailing Address<br><b>600 CENTRAL AVE. SUITE 365<br/>HIGHLAND PARK, IL 60035</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |  |   |  |
| City & State   |   | City & State        |  |   |  |
| Zip  | Country   | Zip                 | Country  | 4. FEI Number<br><b>36-6528644</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                     |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FELNER, JAY<br/>4182 LIVE OAK BLVD.<br/>DELRAY BEACH, FL 33445</b>   |   |                     |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |                     | <b>Make check payable to<br/>Florida Department of State</b>                     |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                     | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>NEW CENTURY INVESTOR SERVICES, INC.<br>600 CENTRAL AVENUE, SUITE #365<br>HIGHLAND PARK, IL 60035 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |                     |  |   |  |
| <b>New Century Investor Services, Inc.</b>   |   |                     |  |   |  |
| SIGNATURE: <u>Robert U. Goldman</u> By: <u>Robert U. Goldman</u> Date: <u>4/28/08</u> 847-432-3666   |   |                     |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                     |  |   |  |