

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116713

Entity Name: SAI CLEARWATER T, LLC

FILED
Feb 16, 2011
Secretary of State

Current Principal Place of Business:

21799 U.S. HWY. 19 NORTH
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

21799 U.S. HWY. 19 NORTH
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3501017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES
Name: SMITH, B SCOTT
Address: 6415 ILEDWILD RD SUITE 109
City-St-Zip: CHARLOTTE, NC 28212

Title: VP
Name: RUSS, JOHN
Address: 6415 IDLEWILD RD SUITE 109
City-St-Zip: CHARLOTTE, NC 28212

Title: VP
Name: COSPER, DAVID P
Address: 6415 IDLEWILD RD SUITE 109
City-St-Zip: CHARLOTTE, NC 28212

Title: SEC
Name: COSS, STEPHEN
Address: 6415 IDLEWILD RD SUITE 109
City-St-Zip: CHARLOTTE, NC 28212

Title: ASST
Name: OCONNOR, JOSEPH
Address: 6415 IDLEWILD RD SUITE 109
City-St-Zip: CHARLOTTE, NC 28212

Title: ASST
Name: RATCLIFFE, CLARENCE
Address: 21799 US HIGHWAY 19 N
City-St-Zip: CLEARWATER, FL 33765

I hereby 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: CLIFF DEARMON

CONT

02/16/2011

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