



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90041 016 \*\*\*\*50.00

<b>DOCUMENT # L97000000542</b> 1. Entity Name <b>S.A.T. DEVELOPERS, L.C.</b>					
Principal Place of Business <b>1704 W. KENNEDY BLVD. TAMPA FL 33606</b>				Mailing Address <b>1704 W. KENNEDY BLVD. TAMPA FL 33606</b>	
2. Principal Place of Business <b>5607 Johns Rd.</b> Suite, Apt. #, etc. <b>Suite 1001</b>		3. Mailing Address <b>5607 Johns Rd.</b> Suite, Apt. #, etc. <b>Suite 1001</b>		 1st MOORE CR2E083 (10/04)	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33634</b>		Zip <b>33634</b>			
Country <b>Hillsborough</b>		Country <b>Hillsborough</b>		4. FEI Number <b>59-3445673</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>ITALIANO, ANTHONY S SR. 1704 W. KENNEDY BLVD. TAMPA FL 33606</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Anthony S Italiano</u> <b>ANTHONY S. ITALIANO, SR. PRESIDENT 4/8/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ITALIANO, ANTHONY S SR. 1704 W. KENNEDY BLVD. TAMPA FL 33606-1649	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ITALIANO, ANTHONY S SR. 5607 JOHNS RD. - SUITE 1001 TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>SIGNATURE: <u>Anthony S Italiano Sr.</u> 4/8/05 (813) 254-3883</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					