2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003391

1. Entity Name

FILED Apr 07, 2002 8:00 am Secretary of State 04-07-2002 90565 009 ****50.00

S'AGAF	RO HOLDINGS, LLC							
Principal Plac	e of Business	Mailing Address	<u> </u>	-				
2416 N.E. 26TH TER. FORT LAUDERDALE FL 33305		2416 N.E. 28TH TER. FORT LAUDERDALE FL 33305			•		f	
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2. Principal P	face of Business	3. Mailing Address		1				
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	9	City & State		4. FEI Nu	mber 65-0891143	<u> </u>	pplied For ot Applicable	
Zip	Country	Žip	Country DEPA	RTME	NT OF STATE	\$5.00 Ad Fee Require		7
	6. Name and Address of Current I	Registered Agent		7. Name	and Address of New Registered			1
		-	Name	·	3			7-
WALKER, JOHN C 3020 N FEDERAL HWY			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	ZA 3000 BLVDG 11							
FORT LAUDERDALE FL 33308			City	City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or regist	ered agent, or	both, in the State of Florida.			7
\$			•					1
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requir	ad when reinstating) DATE			1
		FILE NO	W!!! FEE IS \$50.00	, T				7
			rable to Department	- 1				
		Due	By May 1, 2002					
9.			10.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGE			7
TITLE	MGRIM WILLIAM STOOSHINOFF , DOUG	——————————————————————————————————————						4,
NAME		Oelete	TITLE			☐ Change	☐ Addition	ş
STREET ADDRESS		GLAS	NAME STREET ADDRESS				☐ Addition	09/04
STREET ADDRESS CITY-ST-ZIP	444 NE 10TH AVENUE FORT LAUDERDALE FL 33301	GLAS	NAME				☐ Addition	0E000 (0/04)
	444 NE 10TH AVENUE	GLAS	NAME STREET ADDRESS CITY-ST-ZIP				Addition	CB2Enes (9/04)
CITY-ST-ZIP TITLE NAME	444 NE 10TH AVENUE	GLAS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change		CB0Enes (6/64)
CITY-ST-DP	444 NE 10TH AVENUE	GLAS	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		CB0E083 /0/04)
CITY-ST-DP TITLE NAME STREET ADDRESS	444 NE 10TH AVENUE	GLAS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change		CB9E089 (0,04)
CITY-ST-IJP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	444 NE 10TH AVENUE FORT LAUDERDALE FL 33301	GLAS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME			☐ Change	☐ Addition	CB9E083 (9/04)
CITY-ST-DP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	444 NE 10TH AVENUE FORT LAUDERDALE FL 33301	GLAS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	☐ Addition	CB9Enea (a(n4)
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	444 NE 10TH AVENUE FORT LAUDERDALE FL 33301	GLAS Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME			☐ Change	Addition	CB2Enea (o.m.)
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11. I hereby certify that the information supplied with this filling 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 proposed to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

O MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE