

2001 UNIFORM BUSINESS REPORT (UBR)

0008807 AF

DOCUMENT # L99000000125
 1. Entity Name
SAS PROPERTIES, L.L.C.

FILED

01 FEB 16 PM 2:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 251 CRANDON BLVD.. #533 KEY BISCAIYNE FL 33149	Mailing Address C/O THELMA F KRIGSTIN 251 CRANDON BLVD.. #533 KEY BISCAIYNE FL 33149
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0900321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**KRIGSTIN, THELMA F
 251 CRANDON BLVD., #533
 KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: FL 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.

SIGNATURE _____ DATE **FEBRUARY 6/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	KRIGSTIN, THELMA F	251 CRANDON BLVD., #533	KEY BISCAIYNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Thelma F Krigstin* **FILED** Feb 6/01 305 361 0869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)