

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90050 027 \*\*\*\*50.00

**DOCUMENT # L99000000125**



1. Entity Name  
**SAS PROPERTIES, L.L.C.**

Principal Place of Business

**251 CRANDON BLVD., #533  
KEY BISCAVAYNE FL 33149**

Mailing Address

**C/O THELMA F KRIGSTIN  
251 CRANDON BLVD., #533  
KEY BISCAVAYNE FL 33149**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**151 CRANDON BLVD**

Suite, Apt. #, etc.

**#634**

City & State  
**KEY BISCAVAYNE FL**

Zip  
**33149**

Country  
**USA**

3. Mailing Address

**C/O THELMA F KRIGSTIN  
151 CRANDON BLVD**

Suite, Apt. #, etc.

**#634**

City & State  
**KEY BISCAVAYNE FL**

Zip  
**33149**

Country  
**USA**

4. FEI Number **65-0900321**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KRIGSTIN, THELMA F  
251 CRANDON BLVD., #533  
KEY BISCAVAYNE FL 33149**

7. Name and Address of New Registered Agent

Name  
**KRIGSTIN THELMA F**

Street Address (P.O. Box Number is Not Acceptable)

**151 CRANDON BLVD #634**

City  
**KEY BISCAVAYNE**

State  
**FL**

Zip Code  
**33149**

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 *TheLma F Krigstin*  
Signature, typed or printed name of registered agent and title if applicable.

**THELMA F KRIGSTIN**  
(NOTE: Registered Agent signature required when reinstating)

**FEBRUARY 3/03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  Delete  
NAME **KRIGSTIN, THELMA F**  
STREET ADDRESS **251 CRANDON BLVD., #533**  
CITY-ST-ZIP **KEY BISCAVAYNE FL 33149**

10. ADDITIONS/CHANGES

TITLE **MGR**  Change  Addition  
NAME **KRIGSTIN, THELMA F**  
STREET ADDRESS **251 CRANDON BLVD #634**  
CITY-ST-ZIP **KEY BISCAVAYNE FL 33149**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FEB 3/03**  
Date

**305 361 8481**  
Daytime Phone #

CR2E083 (10/02)