

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000239

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: SARATOGA ASSOCIATES L.L.C.

## Current Principal Place of Business:

C/O FEIT MANAGEMENT COMPANY  
2870 STIRLING ROAD, SUITE 2S  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

C/O FEIT MANAGEMENT COMPANY  
2870 STIRLING ROAD, SUITE 2-A  
HOLLYWOOD, FL 33020

## Current Mailing Address:

C/O FEIT MANAGEMENT COMPANY  
2870 STIRLING ROAD, SUITE 2S  
HOLLYWOOD, FL 33020

## New Mailing Address:

C/O FEIT MANAGEMENT COMPANY  
2870 STIRLING ROAD, SUITE 2-A  
HOLLYWOOD, FL 33020

FEI Number: 65-0889711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FEIT MANAGEMENT COMPANY  
2870 STIRLING RD STE 2-A  
HOLLYWOOD, FL 33020 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: FEIT MANAGEMENT COMP, ANY  
Address: 2870 STIRLING ROAD, SUITE 2A  
City-St-Zip: HOLLYWOOD, FL 33020

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FEIT MANAGEMENT COMP, ANY  
Address: 2870 STIRLING ROAD, SUITE 2-A  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FEIT MANAGEMENT COMPANY

MGRM

04/27/2005

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