


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90552 047 ****50.00

DOCUMENT # L99000004468 1. Entity Name SAVOD, L.L.C.	
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Principal Place of Business 201 SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0936405	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION 201 SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OUGRIK, ALEXIS 1805 DAYTONIA ROAD MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OUGRIK, SOPHIE 1805 DAYTONIA ROAD MIAMI BEACH, FL 33141
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**DO NOT WRITE
IN THIS SPACE**

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: *ALEXIS OUGRIK, MANAGER* *Jan Carson Cheezem*
By: [Signature], attorney in fact *1/20/04* *305 702 3000*

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