2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000007198

1. Entity Name
SAKITOMI INVESTMENTS, LLC

Principal Place of Business	Mailing Address
13907 CARROLLWOOD VILLAGE RUN	13014 N. DALE MABRY, SUITE 356
TAMPA, FL 33618	TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

04212005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3625127	Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRBANKS, GARY
13014 N. DALE MABRY HWY STE 356
TAMPA, FL 33618

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 _____

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

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR	
NAME	SCHWENCKE, KIM M	
STREET ADDRESS	13014 N. DALE MABRY HWY., SUITE 356	
CITY-ST ZIP	TAMPA, FL 33618	
TITLE	MGR	
NAME	RAPPAPORT, A.G.	
STREET ADDRESS	13014 N. DALE MABRY., SUITE 356	
CITY ST ZIP	TAMPA, FL 33618	
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST ZIP		

U000000337077
04/27/05-80154-005 50.00

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)(l), 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: _____   4/10/05   813-265-0295

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