

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000007198

1. Entity Name  
SAKITOMI INVESTMENTS, LLC



Principal Place of Business  
13907 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618

Mailing Address  
13014 N. DALE MABRY, SUITE 356  
TAMPA, FL 33618



03142006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3625127

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**8. 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, 2006**

**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  
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CITY-ST-ZIP

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CITY-ST-ZIP

1100000472163  
03/29/06-80025-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Kim SCHWENCKE 3/16/06

Date

813-269-2899

Daytime Phone #