

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 21, 2004 8:00 am**  
**Secretary of State**

09-21-2004 90039 016 \*\*\*\*50.00

**DOCUMENT # M02000001571**

1. Entity Name  
**SA-PG-JACKSONVILLE LLC**



Principal Place of Business  
**C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601**

Mailing Address  
**C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601**

**24083700**



**DO NOT WRITE IN THIS SPACE**

08302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**01-0716232**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEVINE, A. KENNETH  
101 N. MONROE STREET, SUITE 725  
TALLAHASSEE, FL 32301**

**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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
NEW ROCHELLE ADMINISTRATORS, LLC  
C/O SCHWARTZBERG ASSOC, LLC, 50 MAIN ST  
WHITE PLAINS, NY 10606**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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:**

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

**9/1/04**

Date

**914-390-4300**

Daytime Phone #



*Attachment*  
*24085785*  
**Division of Corporations**

**2004 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual  
report form.**

This information cannot be changed on the report.	
Document Number	<u>M02000001571</u>
Business Entity Name	SA-PG-JACKSONVILLE LLC
Original File Date	06/18/2002

FEI Number 01-0716232

Principal Address C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601

Mailing Address C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601

Registered Agent A. KENNETH LEVINE  
101 N. MONROE STREET, SUITE 725  
TALLAHASSEE, FL 32301 US

**Managing Member/Manager Name And Address**

MGRM  
NEW ROCHELLE ADMINISTRATORS, LLC  
C/O SCHWARTZBERG ASSOC, LLC, 50 MAIN ST  
WHITE PLAINS, NY 10606

If all of the above information is correct  
and you do not wish to make any  
changes, please select:

**No Changes**

If you need to make changes to  
the above information, please  
select:

**Make Changes**

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