

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

09-21-2004 90040 015 ****50.00

DOCUMENT # M02000001572

1. Entity Name
SA-PG - ORLANDO 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**



08312004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0716254

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 50 MAIN STREET
WHITE PLAINS, NY 10606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

9/1/04

914-390-4300



Attachment
24005804
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	M02000001572
Business Entity Name	SA-PG - ORLANDO LLC
Original File Date	06/18/2002

FEI Number 01-0716254

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 50 MAIN STREET
WHITE PLAINS, NY 10606

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

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

No Changes

Make Changes

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