

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002524

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: SARANDAPOROU SUB LLC

## Current Principal Place of Business:

609 INDIAN ROCKS ROAD  
BELLEAIR, FL 33756

## New Principal Place of Business:

## Current Mailing Address:

609 INDIAN ROCKS ROAD  
BELLEAIR, FL 33756

## New Mailing Address:

FEI Number: 59-3278712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENNETT, STEPHEN A  
30336 FAIRWAY DRIVE  
WESLEY CHAPEL, FL 33543 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SARANDAPOROU PARTNER, S, INC.  
Address: 609 INDIAN ROCKS ROAD  
City-St-Zip: BELLEAIR, FL 33756

Title: MGR ( ) Delete  
Name: PAVLIDAKEY, GEORGE P  
Address: 609 INDIAN ROCKS ROAD  
City-St-Zip: BELLEAIR, FL 33756

Title: MGR ( ) Delete  
Name: PAVLIDAKEY, ANNA  
Address: 609 INDIAN ROCKS ROAD  
City-St-Zip: BELLEAIR, FL 33756

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE P. PAVLIDAKEY

MGR

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date