

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 24, 2007 8:00 am
Secretary of State

04-17-2007 90255 027 ****50.00

DOCUMENT # M06000005750					
1. Entity Name SAGAMORE FLORIDA LLC					
Principal Place of Business 600 CENTRAL AVE., STE. #365 HIGHLAND PARK, IL 60035			Mailing Address 600 CENTRAL AVE., STE. #365 HIGHLAND PARK, IL 60035		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04132007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 36-6528644				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				30008708	
6. Name and Address of Current Registered Agent FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAGAMORE NORTH LV LLC 600 CENTRAL AVE., STE. #365 HIGHLAND PARK, IL 60035		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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.					
By: <u>Robert L. Goldman</u> , VP of New Century Investor Services, Inc., Manager of Sagamore Associates LLC, Sole Member Manager of Sagamore North LV LLC, its Sole Member Manager					
SIGNATURE: <u>[Signature]</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <u>4/16/07</u> Daytime Phone # <u>847-432-3666</u>					