

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000259

Entity Name: S A FLORIDA INTERNATIONAL LLC

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

10300NW 19ST
104
MIAMI, FL 33172

New Principal Place of Business:

9905NW 17ST
107
MIAMI, FL 33172

Current Mailing Address:

10300NW 19ST
104
MIAMI, FL 33172

New Mailing Address:

9905NW 17ST
107
MIAMI, FL 33172

FEI Number: 65-0791257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TONSMEIRE, THOMAS
18 DE LEON DR
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

TONSMEIRE, THOMAS
9905NW 17ST
107
MIAMI, FL 33172 US

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: TONSMEIRE THOMAS

02/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TONSMEIRE, TOMMY
Address: 10300NW 19ST SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: STAROSTA, PETER
Address: 208 CHURCH STREET
City-St-Zip: DECATUR, GA 30030

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TONSMEIRE, TOMMY
Address: 9905NW 17ST SUITE 107
City-St-Zip: MIAMI, FL 33172

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: TONSMEIRE THOMAS

PRES

02/22/2006

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