

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001959

1. Entity Name
SAHTOOMA, LLC



Principal Place of Business
5400 BROKEN SOUND BLVD
STE #100
BOCA RATON, FL 33487

Mailing Address
161 N. CLARK ST., STE 2600
CHICAGO, IL 60601



01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4331562

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 May 1, 2004

000000022322
01/30/04-80040-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEVITETZ, JEFFREY
STREET ADDRESS	5400 BROKEN SOUND BLVD., N.W. #100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGRM
NAME	RICCIARDI, SALVATORE
STREET ADDRESS	5400 BROKEN SOUND BLVD., N.W. #100
CITY-ST-ZIP	BOCA RATON, FL 33487
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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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:

Salvatore Ricciardi

1/14/04

800/323-6838

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

Date

Daytime Phone #