2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000042464



FILED Apr 30, 2004 8:00 am Secretary of State

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SAGE PR	ROPERTIES, INC.		1		04-30-200-	4 90291 0.	22 ***15	0.00
Principal Plac	ce of Business	Mailing Address	•					
1499 S.W. 30TH AVE., SUITE 16		<u> </u>	1499 S.W. 30TH AVE., SUITE 16					
BOYNTON	BEACH FL 33426	BOYNTON BEACH FL	33426	•		II BEIII BBIN BIBIB	II 8)I 81818 91111 8	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE	CR2E034	(11/03)		
City & State		City & State		4. FEI Number 65-050481	1		pplied For lot Applicable	
Zip	Country	Zip	Country	y	5. Certificate of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New	Registered A	gent	
MA	CKEY, DAVID E III			Ivanie				
149	ONE 1, DAVID E III 99 S.W. 30TH AVE., SUITE YNTON BEACH FL 33426	5		Street Address (F	P.O. Box Number is Not Acceptab	le)		
ž.			-	City			Zip Cod	de .
8. The above	e named entity submits this statement	for the purpose of changing its	s renisteren	•	ed agent or both in the State of F	FL	1 '	
the obligat	tions of registered agent.	trot the purpose of changing its	a registeree	onice or register		ionua. Famil	arrinar with	, and accept
SIGNATURE								
	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOT	TE: Registered /	Agent signature required	when reinstating)	DATE		
	ILE NOW!!! FEE IS \$150.00	2.8.6.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			j			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO