#### 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## DOCUMENT # A01000000848

1. Entity Name SABRE EL, LTD.



Mailing Address

300 S.E. 2ND STREET ATTN: PATRICIA JONES FT. LAUDERDALE, FL 33301

Principal Place of Business

300 S.E. 2ND STREET ATTN: PATRICIA JONES FT. LAUDERDALE, FL 33301

# FILED Apr 13, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number ; 59-2593877

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PATRICIA 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301

# DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
	e named entity submits this statement for the purpose of changing its regitions of registered agent.	ristered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicability	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	0
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P01000043551	•
NAME	SABRE ELL, INC.	:
STREET ADDRESS	300 S.E. 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
DOCUMENT #		
NAME		U00000505942 04/26/06-80131-016 500.00
STREET ADDRESS		04/26/86-80131-016 500.00
CITY-ST-ZIP		
DOCUMENT #		·
NAME		
STREET ADDRESS	-	DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT #		IN THIS SPACE
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C174-57-IP	}	•
DOCUMENT /		
NAME	1	
STREET ADDRESS	}	

14. 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 am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

CITY-ST-ZIP

OGGUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTE

SIGNING GENERAL PARTNER

4/4/06

54- 627-93 80 ste Destano

Daytime Phone if