

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

<b>DOCUMENT # A04000000588</b> 1. Entity Name <b>SABINA INVESTMENTS HOLDINGS, LTD., LLLP</b>				 SECRETARY OF STATE DIVISION OF CORPORATE REGISTRATION 06 FEB -8 AM 9:58	
Principal Place of Business <b>1200 S. ROGERS CIRCLE, #11          BOCA RATON, FL 33487</b>			Mailing Address <b>1200 S. ROGERS CIRCLE, #11          BOCA RATON, FL 33487</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000012231		STREET ADDRESS		
NAME	SABINA INVESTMENT GROUP, LLC		CITY-ST-ZIP		
STREET ADDRESS	1200 S. ROGERS CIRCLE, #11		<b>400066121924</b> <b>02/17/06--01010--017 **\$500.00</b>		
CITY-ST-ZIP	BOCA RATON, FL 33487		STREET ADDRESS		
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CITY-ST-ZIP			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 I 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					
<b>SIGNATURE:</b> <b>Leonard Albanese - General Partner</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date <b>1/19/06</b> Daytime Phone # <b>561-994-1375</b> Member Manager					

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