

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A04000000588**

1. Entity Name  
**SABINA INVESTMENTS HOLDINGS, LTD., LLLP**



**FILED**

**08 FEB 19 PM 1:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**1200 S. ROGERS CIRCLE, #11  
BOCA RATON, FL 33487**

Mailing Address  
**1200 S. ROGERS CIRCLE, #11  
BOCA RATON, FL 33487**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-LP CR2E003 (12/06)

4. FEI Number **APPLIED FOR 84-1645135** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**GUINAN, GAVIN  
1200 S ROGERS CIRCLE, #11  
BOCA RATON, FL 33487**

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.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **L04000012231**  
NAME **SABINA INVESTMENT GROUP, LLC**  
STREET ADDRESS **1200 S. ROGERS CIRCLE, #11**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

STREET ADDRESS  
CITY-ST-ZIP  
**608117636996**  
**02/11/08--01003--006 \*\*500.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:**

**LEONARDO ALBANESE, GEN. PARTNER, 1/31/08 561-994-1375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DS-10

Daytime Phone #

#1

STAPLE CHECK HERE