2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 PM 12: 13

DOCUMENT # A05000000736

1. Entity Name
SARABAY ASSOCIATES, L.L.L.P.

Principal Place of Business	Mailing Address
1991 MAIN STREET, SUITE 208 SARASOTA, FL 34236	1991 MAIN STREET, SUITE 208 SARASOTA, FL 34236

03112008 Chg-LP CR2E003 (12/06)

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

4. FEI Number: 20-2680508 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBEN, WAYNE M
1991 MAIN STREET, SUITE 208
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name: J. Michael Hartenstine
Street Address (P.O. Box Number is Not Acceptable): 200 South Orange Avenue
City: Sarasota FL Zip Code: 34236

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] J. MICHAEL HARTENSTINE 3/18/08
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 #	L06000083770	STREET ADDRESS	
NAME	RUBEN-HOLLAND LEGENDS BAY, LLC		
STREET ADDRESS	1991 MAIN STREET, SUITE 208	CITY-ST-ZIP	600125750356 04/25/08--01002--008 **500.00
CITY-ST-ZIP	SARASOTA, FL 34236		
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STAPLE CHECK HERE

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: [signature] WAYNE RUBEN 4.18.08 941.953.4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #