

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

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # A98000001883

1. Entity Name  
SABERLO FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
8300 WEST FLAGLER STREET, SUITE 175  
MIAMI, FL 33144

Mailing Address  
8300 WEST FLAGLER STREET, SUITE 175  
MIAMI, FL 33144



01252006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
65-0855065

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

LANNON, PATRICK J ESQ.  
WHITE & CASE LLP  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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, 2006, Fee will be \$900.00**

1100000476655  
04/06/06-80017-013 500.00

**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**

DOCUMENT # M37805  
NAME ABATE MEDICAL EMERGENCIES NOW, INC.  
STREET ADDRESS 8300 WEST FLAGLER STREET, SUITE 175  
CITY - ST - ZIP MIAMI, FL 33144

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**DO NOT WRITE  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/21/06 (305) 220-0300

Date

Daytime Phone #