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May 03, 2004 8:00 am
Secretary of State

05-03-2004 90129 027 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007221

1. Entity Name
SABO PROPERTIES, L.L.C.

24063424

Principal Place of Business	Mailing Address
918A SE 9TH LANE CAPE CORAL, FL 33990	918A SE 9TH LANE CAPE CORAL, FL 33990

04282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1401 VISCAYA PKWY	1401 VISCAYA PKWY
Suite, Apt. #, etc.: 4	Suite, Apt. #, etc.: 4
City & State: CAPE CORAL FL	City & State: CAPE CORAL FL
Zip: 33990 Country:	Zip: 33990 Country:

4. FEI Number 65-1028806 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SABO, MICHAEL
918A SE 9TH LANE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1401 VISCAYA PKWY #4
City CAPE CORAL FL Zip Code 33990

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SABO, MICHAEL 921 SE 4 ST. CAPE CORAL, FL 33990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 18468 CUTLASS DR. Ft Myers Beach, FL 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SABO, MARTHA 921 SE 4 ST. CAPE CORAL, FL 33990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 18468 CUTLASS DR FT Myers Beach FL. 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael Sabo 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #