2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000010162

1. Entity Name
HAVERHILL BUSINESS PARK, LLC

Principal Place of Business	Mailing Address
5610 PGA BLVD., SUITE 114 PALM BEACH GARDENS, FL 33418	5610 PGA BLVD., SUITE 114 PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

03012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1055263
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SABATELLO, CARL M
5610 PGA BLVD., SUITE 114
PALM BEACH GARDENS, FL 33418

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000658817
03/16/07-80005-006 150.00

9. -MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SABATELLO, CARL M
STREET ADDRESS	5610 PGA BLVD. SUITE 114
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRM
NAME	SABATELLO, THEODORE P
STREET ADDRESS	5610 PGA BLVD. SUITE 114
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRM
NAME	SABATELLO, MICHAEL J
STREET ADDRESS	5610 PGA BLVD. SUITE 114
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRM
NAME	SABATELLO, PAUL T
STREET ADDRESS	5610 PGA BLVD. SUITE 114
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRM
NAME	IOMMETTI, CHESTER
STREET ADDRESS	5610 PGA BLVD. SUITE 114
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 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: _____ 3/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #