


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000030673</b> 1. Entity Name <b>SABLE FLORIDA, LLC</b>	
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Principal Place of Business <b>11306 NW 65TH MANOR PARKLAND, FL 33076</b>	Mailing Address <b>11306 NW 65TH MANOR PARKLAND, FL 33076</b>
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04212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>45-0495216</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>SEIDEN, MELVIN B 11306 NW 65TH MANOR PARKLAND, FL 33076</b>
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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDEN, MELVIN B 11306 NW 65TH MANOR PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABEL, MARTIN J 11306 NW 65TH MANOR PARKLAND, FL 33076
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U000000509498  
04/28/06-80042-023 50.00

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/21/06**  
Date

**561-716-4947**  
Daytime Phone #