


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90401 050 ***138.75

DOCUMENT # L03000015842					
1. Entity Name SARABELLA LLC					
Principal Place of Business 1515 RINGLING BLVD., SUITE 1000 SARASOTA, FL 34236			Mailing Address 1515 RINGLING BLVD., SUITE 1000 SARASOTA, FL 34236		
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		Country		4. FEI Number 20-0318064	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FERGESON, JAMES O JR. 1515 RINGLING BLVD., SUITE 1000 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYNCH, W. TERRY TRUSTEE 1515 RINGLING BLVD., SUITE 1000 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 personally; 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 119, Florida Statutes.					
SIGNATURE: _____			Date: 2-13-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
W. TERRY LYNCH					