

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028418

**FILED**  
**Jan 07, 2009**  
**Secretary of State**

**Entity Name:** SABABA ASSOCIATES, LLC

**Current Principal Place of Business:**

3575 STEWART AVE  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3575 STEWART AVE  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 20-0163179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SABLOTSKY, NOREEN GORDON  
3575 STEWART AVE  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SABLOTSKY, NOREEN G  
Address: 3575 STEWART AVE  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NOREEN GORDON SABLOTSKY

MGR

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date