
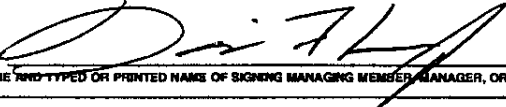


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90412 026 \*\*\*\*50.00

|   |  |                     |  |  |  |
|---|--|---------------------|--|--|--|
| <b>DOCUMENT # L03000033225</b><br>1. Entity Name<br><b>SABAL PARTNERS, LLC</b>  |  |                     |  |   |  |
| Principal Place of Business<br>1039 PONTE VEDRA BLVD.<br>PONTE VEDRA BEACH, FL 32082  |  |                     | Mailing Address<br>1039 PONTE VEDRA BLVD.<br>PONTE VEDRA BEACH, FL 32082 |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  |  |  |
| City & State  |  | City & State        |  |  |  |
| Zip   | Country  | Zip                 | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |  |                     |  | 7. Name and Address of New Registered Agent  |  |
| HATHAWAY, RICHARD G<br>115 PROFESSIONAL DR. STE 101<br>PONTE VEDRA BEACH, FL 32082  |  |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                     |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b>   |  |                     |  | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                     | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HUANG, LAWRENCE P<br>1039 PONTE VEDRA BLVD.<br>PONTE VEDRA BEACH, FL 32082 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>David F. Evans<br>216 San Juan Dr.<br>Ponte Vedra Beach, FL 32082          |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |                     |  |  |  |
| <b>SIGNATURE:</b>    |  |                     | 4/14/04 904-472-1831   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                     | Date Daytime Phone #   |  |  |



04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0915334** Applied For ☐ Not Applicable ☒

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