2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2004
Secretary of State

DOCUMENT# L03000047894

Entity Name: SAB ONE LLC

Current Principal Place of Business:

148 ATLANTIC RD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

750 NORTHLAKE BLVD
LAKE PARK, FL 33408

Current Mailing Address:

148 ATLANTIC RD
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-0428182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARKER, ROBERT JR
148 ATLANTIC RD
NORTH PALM BEACH, FL 33408

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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: PARKER, ROBERT E MR
Address: 148 ATLANTIC RD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM ( ) Change (X) Addition
Name: HARPER, ALAN W MR
Address: 2912 150TH COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Change (X) Addition
Name: PARKER, WARREN S MR
Address: 636 US HWY ONE #301
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT PARKER MGR 02/06/2004

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