

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005719

FILED
Jul 18, 2005
Secretary of State

Entity Name: SABKEN INVESTMENTS, L.L.C.

Current Principal Place of Business:

1613 OSPREY BEND
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1613 OSPREY BEND
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-0648192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLANDON, RODOLFO
1613 OSPREY BEND
WESTON, FL 33327 US

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: MGRM () Delete
Name: BLANDO, RODOLFO
Address: 1613 OSPREY BEND
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: BLANDO, ELIZABETH
Address: 1613 OSPREY BEND
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLANDON, RODOLFO J
Address: 1613 OSPREY BEND
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change () Addition
Name: BLANDON, ELIZABETH R
Address: 1613 OSPREY BEND
City-St-Zip: WESTON, FL 33327

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: ELIZABETH R. BLANDON

MGRM

07/18/2005

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