

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000012231**

1. Entity Name  
**SABINA INVESTMENT GROUP, LLC**



Principal Place of Business

**1200 S. ROGERS CIRCLE, UNIT #11  
BOCA RATON, FL 33487**

Mailing Address

**1200 S. ROGERS CIRCLE, UNIT #11  
BOCA RATON, FL 33487**



01192006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0850089**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ALBANESE, LEONARD  
1200 SOUTH ROGERS CIRCLE UNIT #11  
BOCA RATON, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WEISS, MARK  
5151 FISCHER ISLAND DRIVE  
FISCHER ISLAND, FL 33109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000412407  
02/10/06-80047-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Leonard Albanese - Manager*

Date

Daytime Phone #

*1/9/06 561-994-1375*