


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90418 006 \*\*\*\*50.00

**DOCUMENT # L04000018343**

1. Entity Name  
**SABAL PALM VENTURES, L.L.C.**



Principal Place of Business  
**15105 N.W. 94TH AVENUE  
 ALACHUA, FL 32615**

Mailing Address  
**15105 N.W. 94TH AVENUE  
 ALACHUA, FL 32615**



2. Principal Place of Business  
 Subo, Apt. #, etc.

3. Mailing Address  
 Subo, Apt. #, etc.

City & State

Zip Country

03212005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-2711662**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOBAY, JOHN C  
 901 N.W. 57TH STREET  
 GAINESVILLE, FL 32605**

7. Name and Address of New Registered Agent  
 Name **Robert D. Wallace**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15105 NW 94 Avenue**  
 City **Alachua** FL Zip Code **32615**

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 *Robert D. Wallace* DATE 3/30/05

Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when transferring)

Filing Fee is **\$50.00**  
 Due by **May 1, 2005**

State check payable to  
 Florida Department of State

6. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>MGRM Robert D. Wallace 15105 NW 94 Avenue Alachua, FL 32615</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(c), 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: *Robert D. Wallace* **Robert D. Wallace** DATE: 3/30/05 **326-962-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE