## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L04000018343

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



FILED Feb 08, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

15105 N.W. 94TH AVENUE ALACHUA, FL 32615 15105 N.W. 94TH AVENUE ALACHUA, FL 32615



01242007 No Chg-LLC

CR2E083 (11/05)

386-4<u>62-5805</u>

Daytime Phone #

4. FEI Number		Applied For
20-2711662	Г	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional ouired

6. Name and Address of Current Registered Agent

WALLACE, ROBERT D 15105 NW 94 AVENUE ALACHUA, FL 32615

## DO NOT WRITE IN THIS SPACE

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	
FI D	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, ROBERT D 15105 NW 94 AVENUE ALACHUA, FL 32615			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			
indicated	certify that the information supplied with this filing does not q on this report is true and accurate and that my signature shi bility company or the receiver or trustee empowered to exec	all have the same legal effect as if made under c	eath: that I am a managing member or manager of the	

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