2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018343

1. Entity Name

SABAL PALM VENTURES, L.L.C.



FILED Mar 10, 2008 08:00 A 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



02192008 No Chg-LLC

CR2E083 (12/07)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	we named entity submits this statement for the purpose of chang	ing its registered office or registered agent, or both	in the State of Florida. I am lamiliar with, and accept
me obiit	gations of registered agent.		•
SIGNATUR	E		
	 Signature, typed or printed name of registered agent and title if applicable 	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
THILE	MGRM
NAME	WALLACE, ROBERT D
STREET ADDRESS	15105 NW 94 AVENUE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
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U00000852214 03/26/08-80019-011 138.75

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	Rolutslen	Robert D. Ware	A UE

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

Date

Daytime Phone #