2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # L04000024115 05-01-2006 90084 009 ****50.00 1. Entity Name SABA FINANCIAL, LLC Principal Place of Business Mailing Address V V 3 A 1 3 6 16416 BIRKDALE DRIVE 2926 ROOSEVELT BLVD CLEAR WATER, FL 33621 ODESSA, FL 33556 04132006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2048552 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required - -- -6.-Name and Address of Current Registered Agent FERZLI, GEORGE DO NOT WRITE 1910 WEST KENNEDY BLVD **TAMPA, FL 33606** 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. SIGNÁŤURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SABA, WALID M MR MAME 16416 BIRKDALE DRIVE STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

FILED