

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024164

FILED
Jul 05, 2006
Secretary of State

Entity Name: DESABIA PARTNERSHIP, L.L.C.

Current Principal Place of Business:

808 S. STATE STREET
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

PO BOX 1882
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 20-1767553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOWELL, SIDNEY M ESQ
1100 E. MOODY BLVD.
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

SABIA, JOHN A
808 SOUTH STATE STREET
BUNNELL, FL 32110 US

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.

SIGNATURE: JOHN A SABIA

07/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SABIA, JOHN ARTHUR
Address: 9 EGRET TRAIL
City-St-Zip: PALM COAST, FL 32164

Title: MGR () Delete
Name: SABIA, KEVIN GEORGE
Address: 92 WHITE HALL DRIVE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SABIA, JOHN ARTHUR
Address: 53 KANKAKEE TRAIL
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN A SABIA

MR

07/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date