

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038059

FILED
Jul 03, 2006
Secretary of State

Entity Name: SABAL PALM DEVELOPMENT, LLC

Current Principal Place of Business:

2025 LAGUNA WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2025 LAGUNA WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-3257856 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:

Name and Address of New Registered Agent:

CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES, FL 34105 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: POTESIO, FRANK P JR
Address: 1120 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

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

Title: MGRM () Delete
Name: MOLA, DAVID
Address: 2025 LAGUNA WAY
City-St-Zip: NAPLES, FL 34109

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

Title: MGRM () Delete
Name: CONROY, J. THOMAS III
Address: 2640 GOLDEN GATE PARKWAY, SUITE 115
City-St-Zip: NAPLES, FL 34105

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: DAVID J MOLA

MGM

07/03/2006

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