2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000082276

Entity Name: SABINE HALBOTH, LLC

Current Principal Place of Business:

4901 TAMIAMI TRAIL N.
NAPLES, FL 34103 US

New Principal Place of Business:

27499 RIVERVIEW CENTER BLVD.
SUITE 221
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

4901 TAMIAMI TRAIL N.
NAPLES, FL 34103 US

New Mailing Address:

27499 RIVERVIEW CENTER BLVD.
SUITE 221
BONITA SPRINGS, FL 34134 US

FEI Number: 20-3340599 **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:

HALBOTH, SABINE
4901 TAMIAMI TRAIL N.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HALBOTH, SABINE
27499 RIVERVIEW CENTER BLVD.
SUITE 221
BONITA SPRINGS, FL 34134 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: SABINE HALBOTH 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HALBOTH, SABINE
Address: 4901 TAMIAMI TRAIL N.
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HALBOTH, SABINE
Address: 27499 RIVERVIEW CENTER BLVD., SUITE 221
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby certify that the information supplied with this filing does not qualify 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: SABINE HALBOTH MGRM 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date