

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90018 023 \*\*\*\*50.00

<b>DOCUMENT # L05000095855</b> 1. Entity Name <b>SARABIA, LLC</b>					
Principal Place of Business <b>160 EAST RED STONE AVENUE CRESTVIEW FL 32539</b>			Mailing Address <b>160 EAST RED STONE AVENUE CRESTVIEW FL 32539</b>		
2. Principal Place of Business <b>160 E. Redstone Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>160 E. Redstone Ave.</b> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>55-0911210</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LUJAN, PATRICIA 102 OLD SOUTH DRIVE CRESTVIEW FL 32536</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LUJAN, PATRICIA 160 EAST RED STONE AVENUE CRESTVIEW FL 32539</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LUJAN, RICK 160 EAST RED STONE AVENUE CRESTVIEW FL 32539</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Patricia Lujan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/12/06</u> (850) 689-0555 <small>Daytime Phone #</small>		



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

ATTACHMENT  
30009096

In reply refer to: 0444369657

May 24, 2006 LTR 147C

55-0911210

#L05800095855

SARABIA LLC  
PATRICIA LUJAN MBR  
% PATRICIA LUJAN  
160 E REDSTONE AVE  
CRESTVIEW FL 32539-5348 602

Taxpayer Identification Number: 55-0911210

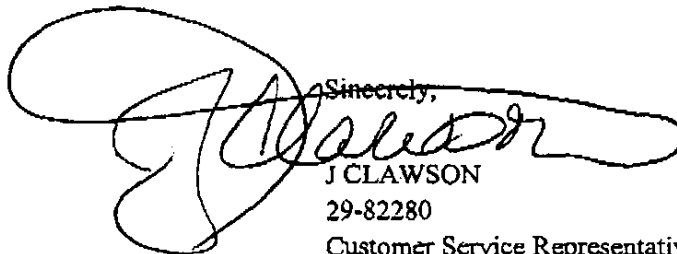
Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of May 24, 2006.

The Employer Identification Number (EIN) shown above has been assigned to you for business Federal tax purposes. Please include it when making Federal tax deposits, filing tax returns, and when corresponding with, or speaking to, the Internal Revenue Service.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,  
  
J CLAWSON  
29-82280  
Customer Service Representative



ATTACHMENT

30009096

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2006

SARABIA, LLC  
160 EAST RED STONE AVENUE  
CRESTVIEW, FL 32539

Subject: SARABIA, LLC

Reference Number: **L05000095855**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD

ANNUAL REPORTS SECTION

*Enclosed is a letter from the IRS with the FEI no., please also change my address from Red Stone to Redstone. Thank you, Patricia Lujan*

P.O. BOX 6478 - Tallahassee, Florida 32314