


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000015992 1. Entity Name HAVERHILL BUSINESS PARK 3-5, LLC	
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Principal Place of Business 5610 PGA BLVD. SUITE 114 PALM BEACH GARDENS, FL 33418	Mailing Address 5610 PGA BLVD. SUITE 114 PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE



01172008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4680363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SABATELLO, CARL M
5610 PGA BLVD., STE. 114
PALM BEACH GARDENS, FL 33418

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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)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABATELLO, CARL M 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABATELLO, PAUL T 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABATELLO, THEODORE P 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABATELLO, MICHAEL J 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/10/08-80024-010 138.75

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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: Carl M. Sabatello 11/21/08 (561) 626-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #