

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90034 003 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                         |                                                                              |
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| <b>DOCUMENT # L06000054512</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                        |                                                                              |
| 1. Entity Name<br><b>SABINA'S STUDIOS, LIMITED LIABILITY COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                         |                                                                              |
| Principal Place of Business<br><b>402 RAVENNA STREET NORTH<br/>NOKOMIS, FL 34275</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | Mailing Address<br><b>402 RAVENNA STREET NORTH<br/>NOKOMIS, FL 34275</b>                                                                |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>(None)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 3. Mailing Address<br><b>P.O. Box 182</b>                                                                                               |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Suite, Apt. #, etc.                                                                                                                     |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | City & State<br><b>Nokomis FL</b>                                                                                                       |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                         | Zip<br><b>34274</b>                                                                                                                     | Country<br><b>Sarasota</b>                                                   |
| 4. FEI Number<br><b>20-5062946</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Additional Fee Required<br><b>\$5.00</b>                                                                                                |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>LYNN, SARI<br/>REEGLER, REEGLER &amp; TORNESE PA<br/>1521 SOUTH TAMiami TRAIL SUITE 304<br/>VENICE, FL 32485</b>                                                                                                                                                                                                                                                                                                                                   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 reappointing)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                         |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | Make check payable to<br>Florida Department of State                                                                                    |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>President<br/>Sabina Donato<br/>402 Ravenna Street North<br/>Nokomis, FL 34275</b>                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>Sabina Donato, MMOR<br/>402 Ravenna Street North<br/>Nokomis FL 34275</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>Treasurer<br/>Sasha Donato<br/>402 Ravenna Street North<br/>Nokomis, FL 34275</b>                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                         |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                         |                                                                              |

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