2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# L07000094771

Entity Name: LAW OFFICE OF CATHRYN R. SABRIN, LLC

Current Principal Place of Business:

195 WEKIVA SPRINGS ROAD
208
LONGWOOD, FL 32779

New Principal Place of Business:

2715 WEST FAIRBANKS AVENUE
201
WINTER PARK, FL 32789

Current Mailing Address:

195 WEKIVA SPRINGS ROAD
208
LONGWOOD, FL 32779

New Mailing Address:

2715 WEST FAIRBANKS AVENUE
201
WINTER PARK, FL 32789

FEI Number: 26-1078516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SABRIN, CATHRYN R ESQ.
195 WEKIVA SPRINGS ROAD
208
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

SABRIN, CATHRYN R ESQ.
2715 WEST FAIRBANKS AVENUE
201
WINTER PARK, FL 32789 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: 07/14/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SABRIN, CATHRYN R ESQ.
Address: 195 WEKIVA SPRINGS ROAD, SUITE 208
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SABRIN, CATHRYN R ESQ.
Address: 2715 WEST FAIRBANKS AVENUE, SUITE 201
City-St-Zip: WINTER PARK, FL 32789

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: CATHRYN R. SABRIN MRG 07/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date