2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #1.07000127249



Jan 24, 2008 8:00 am Secretary of State 01-24-2008 90071 026 ***138.75

1. Entity Name SABAL LAKE HOLDINGS, LLC					60003671			
Principal Place of Business 7825 SABAL LAKE DRIVE PORT ST. LUCIE, FL 34986		Mailing Address 7825 SABAL LAKE DRIVE PORT ST. LUCIE, FL 34986						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008	Chg-LLC	CR2E083 (12/	(06)	
City & State		City & State		4. TEI Numbe	16722	70 F	Applied For Not Applicable	
Zip	Zip Country		Country		5. Certificate of	of Status Desired	□ \$5.00 Fee Re	Additional quired
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New Re	gistered Agent	
WEDD HO	DACE S			Name				<u>-</u>
WEBB, HORACE S 7825 SABAL LAKE DRIVE PORT ST. LUCIE, FL 34986				Street Address ((P.O. Box Number is Not Acceptable)			
	•			City			Zio Zio	Code
4+0,					FL Zip Code			
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registere	ed office or register	red agent, or both	h, in the State of Flor	ida. I am familiar	with, and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable (NO	TE: Registered	d Agent signature required	I when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							check payable Department of	
9.	MANAGING MEME		10.			ADDITIONS/	CHANCEC	
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11. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTER MANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE