

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070745

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: SABLON APARTMENTS LLC

**Current Principal Place of Business:**

9200 S. DADELAND BLVD. STE 508  
MIAMI, FL 33156

**New Principal Place of Business:**

15 BURGESS DRIVE  
WARWICK, RI 02886

**Current Mailing Address:**

9200 S. DADELAND BLVD. STE 508  
MIAMI, FL 33156

**New Mailing Address:**

15 BURGESS DRIVE  
WARWICK, RI 02886

FEI Number: 26-3146570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GLIEKMAN, FRED E ESQ  
9200 S. DADELAND BLVD. STE 508  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

GLICKMAN, FRED E ESQ  
9200 S. DADELAND BLVD.  
STE 508  
MIAMI, FL 33156 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: FRED E. GLICKMAN, ESQ.

03/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TANNEHILL, ESPERANZA  
Address: 15 BURGESS DRIVE  
City-St-Zip: WARWICK, RI 02886

Title: MGR ( ) Delete  
Name: MOLINA, LUIS  
Address: 15 BURGESS DRIVE  
City-St-Zip: WARWICK, RI 02886

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ESPERANZA TANNEHILL

MGR

03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date