

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111610

Entity Name: SAB REAL ESTATE, LLC

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

9293 GLADES RD
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

9293 GLADES RD
BOCA RATON, FL 33434

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD. STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

NICHOLS, ROBERT L CFO
9293 GLADES ROAD
BOCA RATON, FL 33434 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: ROBERT NICHOLS

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: GARRETT, ROBERT
Address: 7300 CORPORATE CENTER DRIVE
City-St-Zip: MIAMI, FL 33126

Title: VP () Change (X) Addition
Name: NICHOLS, ROBERT L
Address: 9293 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Change (X) Addition
Name: GOLDEN, MICHAEL E
Address: 9293 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33428

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: ROBERT NICHOLS

VP

03/10/2009

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