

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000078144

FILED
Apr 27, 2011
Secretary of State

Entity Name: SABI INVESTMENTS OF TALLAHASSEE, LLC

Current Principal Place of Business:

3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309

New Principal Place of Business:

3606 MACLAY BOULEVARD SOUTH
SUITE 200
TALLAHASSEE, FL 32312

Current Mailing Address:

3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309

New Mailing Address:

3606 MACLAY BOULEVARD SOUTH
SUITE 200
TALLAHASSEE, FL 32312

FEI Number: 90-0599387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

MANAUSA, DANIEL E
3606 MACLAY BOULEVARD SOUTH
SUITE 200
TALLAHASSEE, FL 32312 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: GRAHAM HARNDEN

04/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: YOUNGLESAN, FRANK S
Address: 3606 MACLAY BOULEVARD SOUTH
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM
Name: YOUNGLESAN, PATRICIA M
Address: 3606 MACLAY BOULEVARD SOUTH
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM
Name: HARNDEN, SIDNEY G.R.
Address: 3606 MACLAY BOULEVARD SOUTH
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM
Name: HARNDEN, SANDRA V
Address: 3606 MACLAY BOULEVARD SOUTH
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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: GRAHAM HARNDEN

MRGM

04/27/2011

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