


2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 SEP 21 AM 9:24 SECRETARY OF STATE TALLAHASSEE FLORIDA 9/16/99	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000266			
SABRA LAKES, L.C. 13331 SW 131ST STREET MIAMI FL 33186		1a. Principal Place of Business Address  13331 SW 131ST STREET MIAMI FL 33186			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/13/1994	
City & State		City & State		4. FEI Number	
Zip		Country		65-0570481	
				5. Date of Last Report	
				09/25/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
ORTIZ, HECTOR A 13331 SW 131ST STREET MIAMI FL 33186		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ORTIZ, HECTOR A	13331 SW 131ST STREET		MIAMI FL	
MGRM	ORGIZ, JOSE A	11964 SW 100TH TERRACE		MIAMI FL	
800002993188-4 -09/26/99--01050--003 ***588.75 ***588.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: HECTOR A. ORTIZ		9/16/99 (305) 251-9666			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	