

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG 12 AM 11:42

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000000494

SABRE RIVER INVESTMENTS, L.C.
46 NO. WASHINGTON BLVD. STE 29
SARASOTA FL 34236

1a. Principal Place of Business Address

~~46 NO. WASHINGTON BLVD. STE~~
~~SARASOTA FL 34236~~

2 Principal Place of Business

502 N.W. 75th Street

Suite, Apt. #, etc.

Suite 77

City & State

Gainesville, FL

Zip

32607-1799

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

04/30/1996

4. FEI Number

65-0672518

3a. State of Formation

FL

☐ Applied For

☐ Not Applicable

5. Date of Last Report

02/17/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

BAILY, JAY E
46 NO. WASHINGTON BLVD. STE 29
SARASOTA FL 34236

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DECHOW, GERALD A Holcomb, Donald R.	POST OFFICE BOX 13606 130 Brookshire Lane	ROANOKE VA Beckley, WV 25801

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****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: _____

Donald R. Holcomb

8/05/98 (304) 255-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #