


~~File~~ on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 12 AM 9:31	
<b>FILING FEE \$ 188.75</b>		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company  Sabre Ridge Sales, LLC P.O. Box AY Beckley, WV 25801		DOCUMENT # L970000000620			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		1a. Principal Place of Business Address  625 North Eisenhower Dr. Beckley, WV 25801	
3. Date Organized or Qualified  6/19/97		3a. State of Formation  FL		4. FEI Number  58-2327531 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent  Corporation Service Company 1201 Hays Street Tallahassee, FL 32301		8. Name and Address of New Registered Agent/Office  Name 188.75 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's signature required when not a group)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MBA	Holcomb, Donald R.	P.O. Box AY		Beckley, WV 25801	
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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 Donald R. Holcomb 3/16/99 304-255-9030