


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	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  SABIN PROPERTIES, L.L.C.		<b>DOCUMENT #</b> L98000003316			
2. Principal Place of Business 182 S.E. HARBOR POINT DR. Suite, Apt. #, etc. City & State STUART, FL Zip 34996 Country US		2a. Mailing Address P.O. BOX 2757 Suite, Apt. #, etc. City & State FORT PIERCE, FL Zip 34954 Country US		3. Date Organized or Qualified 12/17/98 4. FEI Number 65-0910262 5. Date of Last Report N/A	
3a. State of Formation FLORIDA		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent  CHARLES H. SABIN, IV 182 S.E. HARBOR POINT DRIVE STUART, FL 34996		8. Name and Address of New Registered Agent/Office Name N/A 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 MAY 1999			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MANAGER	CHARLES H. SABIN, IV	182 S.E. HARBOR POINT DRIVE		STUART, FL 34996	
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. CHARLES H. SABIN, IV					
SIGNATURE: <u>Charles H. Sabin</u>		AUGUST 12, 1999		561-464-7700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	

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SECRETARY OF STATE

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\*\*\*\*\*\$88.75 \*\*\*\*\*\$88.75