2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003316

1. Entity Name

SABIN PROPERTIES, L.L.C.

NAME CHANGE: AZURE PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
182 S. E. HARBOR POINT DRIVE STUART FL 34996	P.O. BOX 2757 FORT PIERCE FL 34954-2757

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 65-0910262 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SABIN, CHARLES H IV
182 S.E. HARBOR POINT DRIVE
STUART FL 34996

7. Name and Address of New Registered Agent

Name

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

City ____ **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES		
TITLE **MGRM** NAME **SABIN, CHARLES H IV** STREET ADDRESS **182 SE HARBOR POINT DRIVE** CITY-ST-ZIP **STUART FL 34996**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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11. I 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 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.

SIGNATURE: _Charles H. Sabin_ ~~REQUIRED~~   4/7/00   561-288-7338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #