

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005496

Entity Name: SABALA L.L.C.

FILED  
Jan 16, 2006  
Secretary of State

**Current Principal Place of Business:**

2351 ALAQUA DRIVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2351 ALAQUA DRIVE  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARON, STEPHEN  
2351 ALAQUA DRIVE  
LONGWOOD, FL 32779      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARON, STEPHEN  
Address: 2351 ALAQUA DRIVE  
City-St-Zip: LONGWOOD, FL

Title: MGRM ( ) Delete  
Name: BARON, BRETT  
Address: 2351 ALAQUA DRIVE  
City-St-Zip: LONGWOOD, FL

Title: MGRM ( ) Delete  
Name: BARON, TOD  
Address: 2351 ALAQUA DRIVE  
City-St-Zip: LONGWOOD, FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN BARON

MR.

01/16/2006

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date