2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L99000005496

Entity Name: SABALA L.L.C.

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: MGRM (X) Change ( ) Addition
Name: BARON, TODD
Address: 2351 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL

I hereby certify that the information supplied with this filing does not qualify 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 MEMB 03/24/2009

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