2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Mar 29, 2007 08:00 AM Secretary of State

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Entity Name

SANCTUARY 4298 INVESTMENTS, LLC



Principal Place of Business

Mailing Address

647 SANCTUARY DR. BOCA RATON, FL 33431 US

647 SANCTUARY DR. BOCA RATON, FL 33431



03252007 No Chg-LLC

CR2E083 (11/05)

Fee Required

Applied For 4. FEI Number 28-2458529 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

ABRAMS, ROBERT S 647 SANCTUARY DRIVE BOCA RATON, FL 33431

STREET ADDRESS CITY-SI-ZIP

SIGNATURE

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

8. The above the obligat	named entity submits this statement for the purpose of chan ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
FI D	ling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAMS, ROBERT S 647 SANCTUARY DR BOCA RATON, FL 33431	U00000682348 04/05/07-80019-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this peport 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 trugtee endowered to execute this report as required by Chapter 608, Florida Statutes.

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE