


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT#** L00000002426

1. EntityName  
 ABBIANNA, L.C.



PrincipalPlaceofBusiness \_\_\_\_\_ MailingAddress \_\_\_\_\_  
 537 EAST PARK AVE \_\_\_\_\_ P.O. BOX 10805  
 TALLAHASSEE, FL 32301 \_\_\_\_\_ TALLAHASSEE, FL 32302

**DO NOT WRITE IN THIS SPACE**



01082005 No Chg-LLC CR2E083(10/03)

4. FEI Number 59-3627810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTMAS, STUART A  
 2984 WELLINGTON CIRCLE  
 TALLAHASSEE, FL 32309

**DO NOT WRITE IN THIS SPACE**

8. The abovenamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when re-installing)

**Filing Fee is \$50.00 Due by May 1, 2005**

U00000182307  
 01/19/05-80022-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, JON E 537 E. PARK AVENUE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, ELIZABETH 537 E. PARK AVENUE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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:**  **1-12-04** **850** **20224-19w**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE