APR-26-2003 SAT 01:53 AM FAX NO.

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90580 011 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003941

1. Entity Name
THE ABBEY, LLC

Principal Place of Business	Mailing Address
158 SUNSET DRIVE LONGWOOD, FL 32750	158 SUNSET DRIVE LONGWOOD, FL 32750

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc. / Suite, Apt. #, etc.
City & State / City & State
Zip / Country / Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-4490944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SHUFFIELD, W. CHARLES
315 EAST ROBINSON STREET
SUITE 600
ORLANDO, FL 32801

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. 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 Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CRENSHAW, DOUGLAS C 558 BRIGHTVIEW DRIVE LAKE MARY, FL 32460 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CRENSHAW, DOUGLAS C. 115 SHADY CT. LONGWOOD, FL. 32750 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ELLIS, GARY E 158 SUNSET DRIVE LONGWOOD, FL 32750 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: Doug C Crenshaw 4-25-03 (321) 377-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #