


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90016 045 ****50.00

DOCUMENT # L02000026579

1. Entity Name
 ABC DEVELOPMENT #3, L.L.C.



Principal Place of Business
 1313 GRAY ST
 TAMPA, FL 33606

Mailing Address
 1313 GRAY ST
 TAMPA, FL 33606

2. Principal Place of Business


3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

20063356



07012005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 45-0492505

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, GARY
 1313 GRAY ST
 TAMPA, FL 33606

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)

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

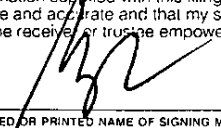
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	COHEN, ANDREW	
STREET ADDRESS	1313 GRAY ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	COHEN, HALEY	
STREET ADDRESS	1313 GRAY ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	COHEN, GARY	
STREET ADDRESS	1313 GRAY ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	COHEN, ADAM	
STREET ADDRESS	1313 GRAY ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  Date: **7.9.05** Daytime Phone #: **813-220-0808**