


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037773

1. Entity Name
& R ABARBANEL, L.L.C.




FILED
2004 MAR 16 AM 8:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
3524 TRILLIUM COURT
TALLAHASSEE, FL 32312

Mailing Address
3524 TRILLIUM COURT
TALLAHASSEE, FL 32312

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



01152004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABARBANEL, RITA
3524 TRILLIUM COURT
TALLAHASSEE, FL 32312

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: ABARBANEL, RITA STREET ADDRESS: 3524 TRILLIUM COURT CITY-ST-ZIP: TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	
TITLE: MGRM NAME: ABARBANEL, ROY STREET ADDRESS: 3524 TRILLIUM COURT CITY-ST-ZIP: TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	
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10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	3000305019 03/16/04--01011--002 ***200.00
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Rita Abarbanel* 1-16-04 850-668-0249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #