


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000052969

1. Entity Name
 ALLABASTRO DESIGNS, LLC



Principal Place of Business
 2408 SW OAK RIDGE RD.
 PALM CITY, FL 34990-2034

Mailing Address
 2408 SW OAK RIDGE RD.
 PALM CITY, FL 34990-2034

DO NOT WRITE IN THIS SPACE



05022006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
 56-2471630

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALLABASTRO, NANCY
 2408 SW OAK RIDGE RD.
 PALM CITY, FL 34990-2034

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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 [Signature] DATE 5.2.2006

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 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLABASTRO, NANCY 2408 SW OAK RIDGE RD. PALM CITY, FL 349902034
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 05/19/06-80064-010 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] DATE 5.2.2006 DAYTIME PHONE # 772 288 2519

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