


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # L05000114402	
1. Entity Name ABS REALTY GROUP, LLC	

Principal Place of Business 5850 GASPARILLA ROAD BOCA GRANDE, FL 33921	Mailing Address 247 FAWN HAVEN LANE SOMERSET, PA 15501
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4485146	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

RUSSELL, WILLIAM K
 14295 S. TAMiami TRAIL
 NORTH PORT, FL 34287

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000808479
 02/07/08-80051-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLINTOCK, SCOTT L 247 FAWN HAVEN LANE SOMERSET, PA 15501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASSANITI, ANGELITTO 118 WEST MAIN STREET SOMERSET, PA 15501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARDIS, LENORE D. 247 FAWN HAVEN LANE SOMERSET, PA 15501
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Scott L. McClintock SCOTT L. MCCLINTOCK 1/25/08 814 443 1671

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