## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000095091

1. Entity Name

ABLEIDINGER PROPERTIES, LLC



FILED Jan 07, 2008 08:00 AM Secretary of State

Principal Place of Business

19520 GULF BLVD., SUITE 601 INDIAN SHORES, FL 33785 Mailing Address

19520 GULF BLVD., SUITE 601 INDIAN SHORES, FL 33785



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 32-0197940	 Applied For Not Applicabl	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

## Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

-	ions of registered agent.		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75		000000775584%
9.	MANAGING MEMBERS/MANAGERS		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABLEIDINGER, ROBERT J 19520 GULF BLVD., SUITE 601 INDIAN SHORES, FL 33785		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11TLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
ITILE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CHY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st billity company or the receiver or trustee empowered to exer	hall have the same legal effect as if made under or	ath; that I am a managing member or manager of the

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