

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003073

FILED
Jan 14, 2008
Secretary of State

Entity Name: ABA NET LLC

Current Principal Place of Business:

11510 GEORGIA AVENUE, SUITE 101
SILVER SPRING, MD 20902

New Principal Place of Business:

Current Mailing Address:

11510 GEORGIA AVENUE, SUITE 101
SILVER SPRING, MD 20902

New Mailing Address:

FEI Number: 04-3827346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAUSEVIC, MIRSA
Address: 13929 BETHPAGE LANE
City-St-Zip: SILVER SPRING, MD 20906

Title: MGR () Delete
Name: FLAVIN, GERARD
Address: 6754 NO. GRAPE CREEK ROAD
City-St-Zip: FREDERICKSBURG, TX 78624

Title: MGRH (X) Delete
Name: URTIC, ZLATKA
Address: BRANILACA SARAJEVA 15
City-St-Zip: SARAJEVO 71000, BOSNIA, XX

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAUSEVIC, MIRSA
Address: 11510 GEORGIA AVENUE, SUITE 101
City-St-Zip: SILVER SPRING, MD 20902

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIRSA CAUSEVIC

CEO

01/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date