

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070344

FILED  
Aug 15, 2005  
Secretary of State

**Entity Name:** WILLIAM S. ABBOTT, SR. AND CLAIRE ABBOTT, L.L.C.

**Current Principal Place of Business:**

4634 MIRADA WAY  
UNIT 25  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

4634 MIRADA WAY  
UNIT 25  
SARASOTA, FL 34238

**New Mailing Address:**

400 S. TAMiami TRAIL  
230  
VENICE, FL 34285

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KEVIN G. STAAS, P.A.  
400 S. TAMiami TRAIL  
STE. 230  
VENICE, FL 34285 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: MGRM ( ) Delete  
Name: ABBOTT, WILLIAM S SR.  
Address: 32 MOHAWK DRIVE  
City-St-Zip: RAMSEY, NJ 07446

Title: MGRM ( ) Delete  
Name: ABBOTT, CLAIRE  
Address: 32 MOHAWK DRIVE  
City-St-Zip: RAMSEY, NJ 07446

**ADDITIONS/CHANGES:**

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 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 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: WILLIAM S. ABBOTT

MR.

08/15/2005

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