

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2006 8:00 am**  
**Secretary of State**

08-02-2006 90048 023 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                     |                                                                                                                                                                        |                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000056640</b><br>1. Entity Name<br><b>ABBF BEACH CONDO, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                     |                                                                                                                                                                        |                                                                                                                                                                                                |  |
| Principal Place of Business<br><b>101 EAST KENNEDY BOULEVARD, SUITE 3700<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                     |                                                                                                                                                                        | Mailing Address<br><b>101 EAST KENNEDY BOULEVARD, SUITE 3700<br/>TAMPA, FL 33602</b>                                                                                                           |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | 3. Mailing Address  |                                                                                                                                                                        |                                                                                                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | Suite, Apt. #, etc. |                                                                                                                                                                        |                                                                                                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         | City & State        |                                                                                                                                                                        |                                                                                                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                 | Zip                 | Country                                                                                                                                                                |                                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                     |                                                                                                                                                                        | 7. Name and Address of New Registered Agent                                                                                                                                                    |  |
| <b>BORLAND, MARIE A<br/>101 EAST KENNEDY BOULEVARD, SUITE 3700<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                     |                                                                                                                                                                        | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                     |                                                                                                                                                                        |                                                                                                                                                                                                |  |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                     |                                                                                                                                                                        | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                     | 10. ADDITIONS/CHANGES                                                                                                                                                  |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Manager<br/>Marie A. Borland<br/>101 E. Kennedy Blvd., #3700<br/>Tampa, FL 33602</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Manager<br/>Wade H. Faircloth<br/>501 E. Kennedy Blvd., #801<br/>Tampa, FL 33602</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                         |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                         |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                         |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                         |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| 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. |                                                                                                                         |                     |                                                                                                                                                                        |                                                                                                                                                                                                |  |
| <b>SIGNATURE:</b> <u>Marie A. Borland</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                     | <div style="display: flex; justify-content: space-between;"> <span><u>7/31/06</u></span> <span><u>(813) 227-0450</u></span> </div> <small>Date Daytime Phone #</small> |                                                                                                                                                                                                |  |

