2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000047343

1. Entity Name
ABACO JACK'S, LLC

FILED
Mar 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

432 SOUTH BABCOCK STREET MELBOURNE, FL 32901

STREET ADDRESS CITY-ST-ZIP 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 02062007 No Chg-LLC
 CR2E083 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DEAN MEAD SERVICES, LLC 800 N MAGNOLIA AVE SUITE 1500 ORLANDO, FL 32803

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 Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		CATE
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZZEMINTI, ALEXANDER 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901			
TITLE NAME STREET ADORESS CITY-ST-ZIP	,			000000660218 03/19/07-80018-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	÷			

11. I hereby certify that the information supplied with this filling 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 their my signature shall have the same legal effect as if made under cath; that 1 am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

3/6/07 321-723-065

Daytime Phor