

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000056640

1. Entity Name
ABBF BEACH CONDO, LLC



Principal Place of Business

101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA, FL 33602

Mailing Address

101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA, FL 33602



04012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3025265

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORLAND, MARIE A
101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA, FL 33602

**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 reconstituting)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000892232
04/23/08-80057-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BORLAND, MARIE A
STREET ADDRESS 101 EAST KENNEDY BLVD SUITE 3700
CITY- ST- ZIP TAMPA, FL 33602

TITLE MGR
NAME FAIRCLOTH, WADE H
STREET ADDRESS 501 EAST KENNEDY BLVD SUITE 801
CITY- ST- ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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TITLE
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STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/08

Date

(813)254-1193

Daytime Phone #