

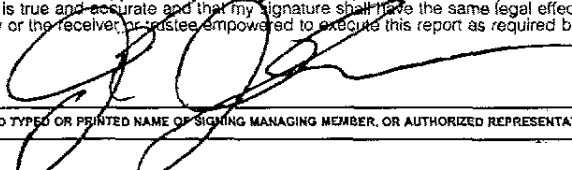


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002426</b>		
1. Entity Name ABBIANNA, L.C.		
Principal Place of Business 537 EAST PARK AVE TALLAHASSEE, FL 32301		Mailing Address P.O. BOX 10805 TALLAHASSEE, FL 32302
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CHRISTMAS, STUART A 2984 WELLINGTON CIRCLE TALLAHASSEE, FL 32309		 01052007No Chg-LLC CR2E083 (11/05) 4. FCI Number 59-3627810 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
000000611529 02/02/07-80068-002 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM JOHNSON, JON E 537 E. PARK AVENUE TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM JOHNSON, ELIZABETH 537 E. PARK AVENUE TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
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TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
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: 		1-8-07 850.224.190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #