# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L00000007544** 

ABP PATENT HOLDINGS, LLC



Principal Place of Business

Mailing Address

1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168

FILED Jul 19, 2004 8:00 am Secretary of State

07-19-2004 90233 017 \*\*\*150.00



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CR2E083 (10/03) 07132004 No Chq-LLC

4. FEI Number 06-0846942 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOOTE, RICHARD W 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168

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	re named entity submits this statement for the purpose of chang ations of registered agent.	ing its registered office or registered agent, or bo	h, in the State of Florida.	I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	<u> </u>	DATE

### Filing Fee is \$50.00 Due by September 8, 2004

9.	MANAGING MEMBERS/MANAGERS			
TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	MGR AUTOMATIC BUSINESS PRODUCTS CO, INC. 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	NEW SWITKING BLACK, TE 32100			
THLE NAME STREET ADORESS CITY-ST-ZIP				
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11 I bereby certify that the information supplied with this filing does not qualify for the ex-				

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I hereby certify that the information supplied with this filing does not qualify 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 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.

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