2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000007544

1. Entity Name
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

DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
06-0846942	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

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)   DATE

Filing Fee Is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AUTOMATIC BUSINESS PRODUCTS CO, INC.
STREET ADDRESS	1531 AIRWAY CIRCLE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000401302
02/02/06-80039-012 50.00

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: _R W Foote_   1/20/06   386-427-3638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #