

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90017 013 \*\*\*\*50.00

DOCUMENT # L00000007544

1. Entity Name  
ABP PATENT HOLDINGS, LLC



Principal Place of Business  
1531 AIRWAY CIRCLE  
NEW SMYRNA BEACH, FL 32168

Mailing Address  
1531 AIRWAY CIRCLE  
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business - No P.O. Box #  
1827 WRIGHT DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
1827 WRIGHT DRIVE  
Suite, Apt. #, etc.



01152007 Chg-LLC CR2E083 (12/06)

City & State  
PORT ORANGE, FL  
Zip 32128 Country USA

City & State  
PORT ORANGE, FL  
Zip 32128 Country USA

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  
1827 WRIGHT DR.  
PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent

Name (SAME) FOOTE, RICHARD W  
Street Address (P.O. Box Number is Not Acceptable)  
1827 WRIGHT DRIVE  
City PORT ORANGE FL Zip Code 32128

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 R W Foote

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/07

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MAN~~ OWNER/PRES. ☐ Delete  
NAME AUTOMATIC BUSINESS PRODUCTS CO, INC.  
STREET ADDRESS 1531 AIRWAY CIRCLE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE OWNER/PRESIDENT ☐ Change ☐ Addition  
NAME AUTOMATIC BUSINESS PRODUCTS CO, INC  
STREET ADDRESS 1827 WRIGHT DRIVE  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: R W Foote

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

1/16/07 386-682-5185

Date Daytime Phone #