2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L00000008136

Entity Name: ABACO PROPERTIES, LLC

Current Principal Place of Business:

290 N. CLYDE MORRIS BLVD., SUITE 2B
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

290 N. CLYDE MORRIS BLVD., SUITE 2B
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3668792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUST, JAMES W III
290 N. CLYDE MORRIS BLVD., SUITE 2B
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: RUST, JAMES W DPM
Address: 290 CLYDE MORRIS BLVD. B2
City-St-Zip: ORMOND BEACH, FL 32174

Title: V ( ) Delete
Name: SHIELDS, GARY N DPM
Address: 290 CLYDE MORRIS BLVD. B2
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES W RUST P 04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date