


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 007 ****50.00

DOCUMENT # L00000008136 1. Entity Name ABACO PROPERTIES, LLC					
Principal Place of Business 290 N. CLYDE MORRIS BLVD., SUITE 2B ORMOND BEACH, FL 32174			Mailing Address 290 N. CLYDE MORRIS BLVD., SUITE 2B ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box # 1890 LPGA Blvd Suite 230		3. Mailing Address 1890 LPGA Blvd Suite 230			
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. Suite 230		04242007 Chg-LLC CR2E083 (12/06)	
City & State Daytona Beach, FL		City & State Daytona Beach, FL		4. FEI Number 59-3668792	
Zip 32117		Zip 32117		Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUST, JAMES W III 290 N. CLYDE MORRIS BLVD., SUITE 2B ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Rust, James Street Address (P.O. Box Number is Not Acceptable) 1890 LPGA Blvd Suite 230 City Daytona Beach, FL Zip Code 32117	
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 <u><i>James Rust</i></u> DATE <u>4-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUST, JAMES W DPM 290 CLYDE MORRIS BLVD. B2 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rust, James 1890 LPGA Blvd Suite 230 Daytona Beach, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIELDS, GARY N DPM 290 CLYDE MORRIS BLVD. B2 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shields, Gary 1890 LPGA Blvd Suite 230 Daytona Beach, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>James Rust</i></u> <u>4-27-07</u> <u>386 589 4372</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					