## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Jan 31, 2005 08:00 AM DOCUMENT # L01000003965 **Secretary of State** 1. Entity Name AMERICAN BUSINESS INVESTMENTS GROUP, L.L.C. Mailing Address Principal Place of Business 955 LONGWOOD CLUB PLACE 955 LONGWOOD CLUB PLACE LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc CR2E083 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3703979 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DATOO, ABBAS L Street Address (P.O. Box Number is Not Acceptable) 955 LONGWOOD CLUB PLACE LONGWOOD FL 32750 Zip Code FL 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 ager of registered agent and title if epplicable Signature, typed or pri (NOTE Registered Agent signature required when jeinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Addition THE TIRE Change Change Delete U00000206814 DATOO, ABBAS L NAME 02/01/05-80021-007 50.00 STREET ADDRESS 955 LONGWOOD CLUB PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LONGWOOD FL 32750 TITLE MGRM Defete TITCE ☐ Change Addition NAME DATOO, MURTAZA L NAME STREET ADDRESS STREET ADDRESS 955 LONGWOOD CLUB PLACE LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-7/P TITLE Defete me☐ Change ☐ Addition MGRM DATOO, LIAQATALI M STREET ADDRESS 955 LONGWOOD CLUB PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 MGRM TITLE Delete UDF ☐ Change Addition DATOO, NASEEM L NAME NAME STREET ADDRESS 955 LONGWOOD CLUB PLACE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP πι ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP TITLE ☐ Delete յուն ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 71P CHTY-ST-ZIP 11. 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 of the federatory or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.

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

**FILED** 

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