

FILED
May 24, 2002 8:00 am
Secretary of State
05-01-2002 91463 012 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008990
1. Entity Name
ABACO DEVELOPMENT, LLC

Principal Place of Business 5121 MONROE STREET HOLLYWOOD FL 33021	Mailing Address 5121 MONROE STREET HOLLYWOOD FL 33021
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2. Principal Place of Business 3541 Harbour Drive	3. Mailing Address 3541 Harbour Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Mount Dora, FL	City & State Mount Dora, FL
Zip 32757	Country Lake



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1114592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GAGLIANO, NINO J SR.
5121 MONROE STREET
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nino J. Gagliano, Sr., <input type="checkbox"/> Delete Gen.Mgr., President/Secretary 3541 Harbour Dr., Mt. Dora, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeanne M. Gagliano <input type="checkbox"/> Delete Mgr., V-Pres/Treasurer 3541 Harbour Dr., Mt. Dora, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/22/02** **352-283-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #