

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90052 007 ****55.00

DOCUMENT # L02000011581

1. Entity Name

ABEL ENTERPRISES, L.L.C.



Principal Place of Business

232 BELLE DR.
SATSUMA FL 32189-2100

Mailing Address

P.O. BOX 334
SAN MATEO FL 32187-0334
US



2. Principal Place of Business

319 St. Johns Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2013
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

Satsuma FL
Zip 32189 Country USA

City & State

Interlachen FL
Zip 32148 Country USA

4. FEI Number

05-0560749

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABEL, JANE E
232 BELLE DR
SATSUMA FL 32189-2100

7. Name and Address of New Registered Agent

Name Abel, Jane E
Street Address (P.O. Box Number is Not Acceptable)
319 St. John's Ave
City Satsuma FL Zip Code 32189

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

Jane E. Abel

8/28/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | ABEL, JANE E | |
| STREET ADDRESS | 232 BELLE DR | |
| CITY-ST-ZIP | SATSUMA FL 32189-2100 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|-------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Abel, Jane E | |
| STREET ADDRESS | 319 St. Johns Ave | |
| CITY-ST-ZIP | Satsuma, FL 32189 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jane E. Abel

8/28/05 (386) 690-1918

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

Date

Daytime Phone #