


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000015795</b>		
1. Entity Name <b>ABIDING PROPERTIES, LLC</b>		
Principal Place of Business <b>18100 MORNING STAR LN CAPE CORAL, FL 33993</b>	Mailing Address <b>18100 MORNING STAR LN CAPE CORAL, FL 33993</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SYLVIA, JUDITH A 18100 MORNING STAR LANE CAPE CORAL, FL 33993</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <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, 2006		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SYLVIA, MARK W 18100 MORNING STAR LANE CAPE CORAL, FL 33993</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SYLVIA, JUDITH A 18100 MORNING STAR LANE CAPE CORAL, FL 33993</b>	
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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.  <b>SIGNATURE: Judith A. Sylvia</b> <b>JUDITH A. SYLVIA</b> <b>4/12/06</b> <b>239-980-0026</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**03-0463399**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U000000509136  
04/28/06-80030-020 50.00