

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018670

Entity Name: THE ABA GROUP, L.L.C.

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

46 NORTH WASHINGTON BLVD., STE. 21
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

46 NORTH WASHINGTON BLVD., STE. 21
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 30-0098346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYER, EDWIN M ESQ
46 NORTH WASHINGTON BLVD., STE. 21
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOYER, EDWIN M ESQ
Address: 46 NORTH WASHINGTON BLVD., STE. 21
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: JACKSON, ROBERT A ESQ
Address: 46 NORTH WASHINGTON BLVD., STE. 21
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: JACKSON, MARY ALICE ESQ
Address: 46 NORTH WASHINGTON BLVD., STE. 21
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA CALDERON

ADMI

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date