
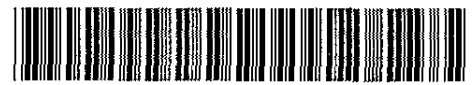


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # L02000022430</b><br>1. Entity Name<br><b>ABL INVESTMENT, LLC</b> |  |
|--|--|

|   |   |
|---|---|
| Principal Place of Business<br><b>1101 EGRETS WALK CIRCLE, UNIT 101<br/>NAPLES FL 34108</b> | Mailing Address<br><b>1101 EGRETS WALK CIRCLE, UNIT 101<br/>NAPLES FL 34108</b> |
|---|---|



|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address  | 4. FEI Number<br><b>52-2381774</b>  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                 |
| City & State                   | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |
| Zip                            | Country             | Zip   |
|                                |                     | Country   |

1st MOORE CR2E083 (10/05)

**6. Name and Address of Current Registered Agent**

**DENTI, KEVIN A  
821 FIFTH AVE S  
STE 201  
NAPLES FL 34102**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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, 2006**

000000404174  
02/06/06-80036-008 50.00

| 9. MANAGING MEMBERS/MANAGERS |                                   |                                 |  | 10. ADDITIONS/CHANGES |  |                                 |                              |
|------------------------------|-----------------------------------|---------------------------------|--|-----------------------|--|---------------------------------|------------------------------|
| TITLE                        | MGRM                              | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                         | LEIDERMAN, ABE                    |                                 |  | NAME                  |  |                                 |                              |
| STREET ADDRESS               | 1101 EGRET'S WALK CIRCLE UNIT 101 |                                 |  | STREET ADDRESS        |  |                                 |                              |
| CITY-ST-ZIP                  | NAPLES FL 34108                   |                                 |  | CITY-ST-ZIP           |  |                                 |                              |
| TITLE                        |                                   | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                         |                                   |                                 |  | NAME                  |  |                                 |                              |
| STREET ADDRESS               |                                   |                                 |  | STREET ADDRESS        |  |                                 |                              |
| CITY-ST-ZIP                  |                                   |                                 |  | CITY-ST-ZIP           |  |                                 |                              |
| TITLE                        |                                   | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                         |                                   |                                 |  | NAME                  |  |                                 |                              |
| STREET ADDRESS               |                                   |                                 |  | STREET ADDRESS        |  |                                 |                              |
| CITY-ST-ZIP                  |                                   |                                 |  | CITY-ST-ZIP           |  |                                 |                              |
| TITLE                        |                                   | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                         |                                   |                                 |  | NAME                  |  |                                 |                              |
| STREET ADDRESS               |                                   |                                 |  | STREET ADDRESS        |  |                                 |                              |
| CITY-ST-ZIP                  |                                   |                                 |  | CITY-ST-ZIP           |  |                                 |                              |
| TITLE                        |                                   | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                         |                                   |                                 |  | NAME                  |  |                                 |                              |
| STREET ADDRESS               |                                   |                                 |  | STREET ADDRESS        |  |                                 |                              |
| CITY-ST-ZIP                  |                                   |                                 |  | CITY-ST-ZIP           |  |                                 |                              |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:** *Abel Leiderman* **MGRM** **1/24/06** **839 592-94**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #