


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000027943 1. Entity Name ABRAVAYA DEVELOPMENT, LLC |  |
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|---|---|
| Principal Place of Business 4345 CANARD ROAD MELBOURNE, FL 32934 US | Mailing Address 4345 CANARD ROAD MELBOURNE, FL 32934 US |
|---|---|



01062004 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 54-2094535 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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6. Name and Address of Current Registered Agent

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| MARIA, ABRAVAYA 4345 CANARD ROAD MELBOURNE, FL 32934 |
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**DO NOT WRITE
IN THIS SPACE**

2. 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 rotating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ABRAVAYA, RALPH 4345 CANARD ROAD MELBOURNE, FL 32934 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ABRAVAYA, MARIA 4345 CANARD ROAD MELBOURNE, FL 32934 |
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01/09/04-30030-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Maria Abavaya 1-7-04 321-259-9682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #