2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030406

1. Entity Name
ANGABARB HOLDINGS, LLC



Principal Place of Business

600 N. GOLDENROD ROAD ORLANDO, FL 32807

Mailing Address

600 N. GOLDENROD ROAD ORLANDO, FL 32807

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90035 047 ****50.00



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02152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0650937

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DYCE, JAMES P 2111 E. MICHIGAN STREET 130 ORLANDO, FL 32807

STREET ADDRESS 4555 CHULUOTA ROAD

CHULUOTA, FL 32820

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha ions of registered agent.	anging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
THILE	MGRM		U00000701062 04/20107<800437006 150.0
NAME	SMITH, JOHN K	.	
STREET ADDRESS	600 N. GOLDENROD ROAD		
CHTY-ST-ZIP	ORLANDO, FL 32807		
TITLE	MGRM		
NAME	FRISZ, PAUL		

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STREET ADDRESS
CITY-S1-ZIP

11. I hereby certify that the information supplied with this filling 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 effect of the effect

SIGNATURE:

JOHN K, SMITH

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

4-10-0

407-381-2723

Date

Daytime Phone #