2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2005
Secretary of State

DOCUMENT# L03000006591

Entity Name: ABM INVESTMENTS, LLC

Current Principal Place of Business:

8880 TERRENE COURT
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

8880 TERRENE COURT
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 01-0772834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEMBRI, JENIFER
C/O ABEL, BAND, RUSSELL, ET AL
240 S. PINEAPPLE AVE.
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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	ABL INVESTMENTS, LLC,	
Address:	8880 TERRENE COURT	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	MGRM	( ) Delete
Name:	SVOBODA COMMERCIAL P, ROPERTIES	
Address:	8880 TERRENE COURT	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	MGRM	( ) Delete
Name:	DELLWOOD ASSOCIATES,, LTD.	
Address:	8880 TERRENE COURT	
City-St-Zip:	BONITA SPRINGS, FL 34135	

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 for the exemption stated in Section 119.07(3)(i), 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: BRIT E. SVOBODA MR. 01/15/2005

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