2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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Apr 13, 2004 8:00 am Secretary of State **DOCUMENT # L03000014862** 04-13-2004 90333 008 ****50.00 ABBÉYS WAY, LLC Principal Place of Business Mailing Address 1703 BRISTOL AVE. 1703 BRISTOL AVE. 24040593 TAMPA, FL 33606 **TAMPA, FL 33606** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number ユ۵ Not Applicable Zip Country Zip Country \$5.00 Additional \$. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTUCH, TOBERT H Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD., STE. 1700 TAMPA, FL 33602 City 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 aignature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State . . 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES movem TITLE Delete TITLE ☐ Change ☐ Addition Linda Striggs Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tamon of nuen TITLE Delete TITL S ☐ Change Addition George D Higgs are NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tamor Cl CITY-ST-7(P Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Dekele TIPLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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