

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016328

**FILED**  
**Jan 23, 2007**  
**Secretary of State**

**Entity Name:** APPLIED BUSINESS MANAGEMENT SOLUTIONS,INC (ABMSI) LLC

**Current Principal Place of Business:**

201 STONEBRIDGE DRIVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

201 STONEBRIDGE DRIVE  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 32-0084839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCGLOCKTON, WILLIAM H  
201 STONEBRIDGE DRIVE  
LONGWOOD, FL 32779 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGLOCKTON, WILLIAM H  
Address: 201 STONEBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: MCGLOCKTON, LUTRELLE W  
Address: 201 STONEBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: WILLIAM H MCGLOCKTON

MR.

01/23/2007

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