2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026746

Entity Name: ABUTO, LLC

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Busines

14103 STATE ROAD 54 1015 MARCO DRIVE NE

ODESSA, FL 33556 US ST. PETERSBURG, FL 33702 US

Current Mailing Address: New Mailing Address:

P.O. BOX 39 1015 MARCO DRIVE NE

ODESSA, FL 33556 US ST. PETERSBURG, FL 33702 US

FEI Number: 51-0495542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALMENGUAL, KATHRYN C 1015 MARCO DRIVE NE

ST. PETERSBURG, FL 33702 US

ODESSA, FL 33556 US

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:

City-St-Zip:

Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ALMENGUAL, ALAN D Name: Name: Address: 1015 MARCO DRIVE NE Address: City-St-Zip: ST. PETERSBURG, FL 33702 US City-St-Zip: () Delete Title: MGRM Title: () Change () Addition Name: ALMENGUAL, KATHRYN C Name: Address: 1015 MARCO DRIVE NE Address: City-St-Zip: ST. PETERSBURG, FL 33702 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ALMENGUAL, LYNDA N Name: Name: 19106 FORREST DRIVE Address: Address: City-St-Zip: ODESSA, FL 33556 US City-St-Zip: () Delete Title: MGRM Title: () Change () Addition ALMENGUAL, KEVIN F Name: Name: 19106 FORREST DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: KATHRYN C. ALMENGUAL MGRM 04/21/2005