# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** May 01, 2006 08:00 AM Secretary of State

DOCUMENT # L03	000028413
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1. Entity Name ABS LAURA STREET, LLC



Principal Place of Business

100 LAURA STREET SUITE 610 JACKSONVILLE, FL 32202 Mailing Address

100 LAURA STREET

SUITE 610 JACKSONVILLE, FL 32202



04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-6998201

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202

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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.	am familiar with, and accept
the obligations of registered agent.	

CITY-ST-ZP

Signature, typed or printed name of registered agent and fills if applicable

TRUTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLS, MAURICE E 100 NORTH LAURA STREET, SUITE 610 JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		
Title Name Stitlet address City-St-Zip		
TITLE NAME STRLET ADDRESS CUTY-SI-ZIP		
TITLE NAMC STRELT ADDRESS		

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### DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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