

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000033416

1. Entity Name

ABUNDANT TREASURES, LTD. CO.



Principal Place of Business

**739 SW 158 TERRACE
PEMBROKE PINES, FL 33027**

Mailing Address

**739 SW 158 TERRACE
PEMBROKE PINES, FL 33027**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

43-2046482

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRUZ, GILBERT M
739 SW 158 TERRACE
PEMBROKE PINES, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reissuing)

DATE

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

00000502580
04/25/06-00110-001 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|-------------------------------|---------------------------------|
| <small>TITLE</small> | MGRM |
| <small>NAME</small> | CRUZ, GILBERT M |
| <small>STREET ADDRESS</small> | 739 SW 158 TERRACE |
| <small>CITY- ST- ZIP</small> | PEMBROKE PINES, FL 33027 |
| <small>TITLE</small> | MGRM |
| <small>NAME</small> | SHARRON, FRADY |
| <small>STREET ADDRESS</small> | 739 SW 158 TERRACE |
| <small>CITY- ST- ZIP</small> | PEMBROKE PINES, FL 33027 |
| <small>TITLE</small> | |
| <small>NAME</small> | |
| <small>STREET ADDRESS</small> | |
| <small>CITY- ST- ZIP</small> | |
| <small>TITLE</small> | |
| <small>NAME</small> | |
| <small>STREET ADDRESS</small> | |
| <small>CITY- ST- ZIP</small> | |
| <small>TITLE</small> | |
| <small>NAME</small> | |
| <small>STREET ADDRESS</small> | |
| <small>CITY- ST- ZIP</small> | |

**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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

Sharon Frady

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

47-06 954-431-6106

Date

Daytime Phone #