
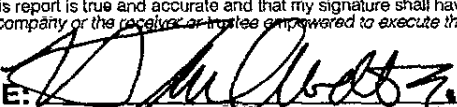


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000040011</b> 1. Entity Name <b>ABELL ASSOCIATES, LLC</b>		
Principal Place of Business <b>1115 TOSKI DRIVE NEW PORT RICHEY, FL 34655 US</b>	Mailing Address <b>1115 TOSKI DRIVE NEW PORT RICHEY, FL 34655 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM ABELL, CHARLES D 1115 TOSKI DRIVE NEW PORT RICHEY, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM ABELL, RICHARD M SR. 1115 TOSKI DRIVE NEW PORT RICHEY, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.  <b>SIGNATURE:  Richard M. Abell, Sr. 2/8/05 (727) 375-8604</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #		



03072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**87-0721319**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U000000315337  
04/19/05-80031-011 50.00

**DO NOT WRITE  
IN THIS SPACE**