


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90069 025 ****50.00

DOCUMENT # L03000041610 1. Entity Name ABBA INVESTMENTS, L.L.C.					
Principal Place of Business 2048 NE 15TH TERRACE GAINESVILLE, FL 32609			Mailing Address P.O. BOX 142294 GAINESVILLE, FL 32614-2294		
2. Principal Place of Business Suite, Apt. #, etc. PO Box 142294 City & State Gainesville, FL Zip 32614			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country U.S.		
4. FEI Number 86-1089446			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			04222004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent IVY, STEPHEN 2048 NE 15TH TERRACE GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name Stephen Ivy Street Address (P.O. Box Number is Not Acceptable) 4137 NW 33rd PL City Gainesville FL Zip Code 32606		
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 Stephen Ivy Mgr. DATE 4/23/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IVY, STEPHEN 2048 NE 15TH TERRACE GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stephen Ivy 4137 NW 33rd PL Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRASER, ROBERT 4137 NW 33RD PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: Stephen Ivy MGR			Date 4/23/04 Time Phone # 352-318-9888		