

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041610

Entity Name: ABBA INVESTMENTS, L.L.C.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 142294
GAINESVILLE, FL 32614

New Principal Place of Business:

4137 NW 33RD PL
GAINESVILLE, FL 32606

Current Mailing Address:

P.O. BOX 142294
GAINESVILLE, FL 326142294

New Mailing Address:

FEI Number: 86-1089446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

IVY, STEPHEN
4137 NW 33RD PL
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

IVY, STEPHEN L MANAGER
4137 NW 33RD PL
GAINESVILLE, FL 32606 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: STEPHEN L.VY

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: IVY, STEPHEN
Address: 4137 NW 33RD PL
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR () Delete
Name: FRASER, ROBERT
Address: 4137 NW 33RD PLACE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IVY, STEPHEN L
Address: 4137 NW 33RD PL
City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: STEPHEN L. IVY

MGR

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date