2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# L03000042649

Entity Name: ABBY-JOY, L.L.C.

Current Principal Place of Business:

1801 SW ANGELICO LANE
PORT ST LUCIE, FL 34984 US

New Principal Place of Business:

4820 N KINGS HIGHWAY
FORT PIERCE, FL 34951 US

Current Mailing Address:

1801 SW ANGELICO LANE
PORT ST LUCIE, FL 34984 US

New Mailing Address:

4820 N KINGS HIGHWAY
FORT PIERCE, FL 34951 US

FEI Number: 20-0359608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, KELLY M
1801 SW ANGELICO LANE
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	KING, ROBIN W	
Address:	1801 SW ANGELICO LANE	
City-St-Zip:	PORT ST LUCIE, FL 34984	
Title:	MGRM	( ) Delete
Name:	KING, KELLY M	
Address:	1801 SW ANGELICO LANE	
City-St-Zip:	PORT ST LUCIE, FL 34984	
Title:	MGR	( ) Delete
Name:	HOLLOWAY, ELAINE M	
Address:	PO BOX 11218	
City-St-Zip:	RENO, NV 89510	
Title:	MGR	( ) Delete
Name:	BONNER, CHERYL LYNN	
Address:	12212 OLSO DRIVE	
City-St-Zip:	TRUCKEE, CA 96161	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KELLY M. KING MGRM 01/26/2005

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