2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Apr 28, 2005 08:00 AM Secretary of State

Daytime Phone *

DOCUMENT # L03000051875 1. Entity Name ABERCROMBIE ENTERPRISES, LLC			Secretary of	State
Principal Place 12938-MALI APT, 20-7 ORLANDO,, I	LORY CIRCLE 12938 MALLORY CIRCLE APT. 207			
DO NOT WRITE IN THIS SPACE			02282005 No Chg-LLC	olied For Applicable
12938 MA APT, 207	6. Name and Address of Current Registered Agent DMBIE, ERIC LLORY CIRCLE D, FL 32828		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office of registered the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to the content of the			4-25-0	
Filing Fee is \$50.00 Due by May 1, 2005			1000000339905 04/28/05-80091-010_50.	. 80
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM ABERCROMBIE, ERIC 12938 MALLÖRY CIRCLE, APT. 207 ORLANDO, FL 32828			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABERCROMBIE, STACEY 12938 MALLORY CIRCLE, APT. 207 ORLANDO, FL 32828			
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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)(1), 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.				