

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000326

Entity Name: ABESCO, L.L.C.

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764

## New Principal Place of Business:

9561 SATELLITE BLVD  
SUITE 325  
ORLANDO, FL 32837 US

## Current Mailing Address:

2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764

## New Mailing Address:

9561 SATELLITE BLVD  
SUITE 325  
ORLANDO, FL 32837 US

FEI Number: 20-0577721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

O'CONNOR, PATRICK M ESQ.  
C/O O'CONNOR & ASSOCIATES  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764 US

## Name and Address of New Registered Agent:

O'CONNOR, PATRICK M ESQ.  
C/O O'CONNOR & ASSOCIATES  
1250 S.BELCHER ROAD, SUITE 160  
LARGO, FL 33771 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: PATRICK M O'CONNOR ESQ.

04/18/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: METCALFE, GARY MR  
Address: C/O ABESCO, 9561 SATELLITE BLVD, SUITE 325  
City-St-Zip: ORLANDO, FL 32837 US

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: GARY METCALFE

MGR

04/18/2005

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