


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90029 008 ****55.00

DOCUMENT # L04000006298					
1. Entity Name AB2, LLC					
Principal Place of Business 13149 DALLAS WOODS LANE ORLANDO, FL 32824 US			Mailing Address 13149 DALLAS WOODS LANE ORLANDO, FL 32824 US		
2. Principal Place of Business 8 SW 10TH ST		3. Mailing Address 8 SW 10TH ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 20-0657763	
Zip 32601		Country Alachua		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SMALLEY & COMPANY, P.A. 1517 E HILLCREST ST ORLANDO, FL 32803			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENDER, ANDREW L 13149 DALLAS WOODS LANE ORLANDO, FL 32824	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	8 SW 10TH STREET Gainesville, FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Andrew Bender</i>		Date: 5/10/05		Daytime Phone #: (407) 491-8414	