

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 09, 2006 8:00 am
Secretary of State

05-09-2006 90010 044 ****50.00

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04282006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000006298					
1. Entity Name AB2, LLC					
Principal Place of Business 8 SW 10TH ST GAINESVILLE, FL 32601 US			Mailing Address 8 SW 10TH ST GAINESVILLE, FL 32601 US		
2. Principal Place of Business 8116 SW 55th PL Suite, Apt. #, etc.		3. Mailing Address 8116 SW 55th PL Suite, Apt. #, etc.			
City & State Gainesville, FL Zip 32608 Country USA		City & State Gainesville, FL Zip 32608 Country USA		4. FEI Number 20-0657763 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		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 8 SW 10TH STREET GAINESVILLE, FL 32601		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			5/5/06 (352) 870-2898		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					