2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L04000008204

Entity Name: ABS CAPITAL GROUP, LLC

Current Principal Place of Business:

2111 WEST SWANN AVE.
SUITE 200
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

2111 WEST SWANN AVE.
SUITE 200
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-0615721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEARD, ROBERT K
2111 WEST SWANN AVE.
SUITE 200
TAMPA, FL 33606 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/MANAGERS:

Title: MGRM ( ) Delete
Name: AVALON PARTNERS, LLC,
Address: 2111 W. SWANN AVENUA, SUITE 200
City-St-Zip: TAMPA, FL 33629

Title: MGR (X) Delete
Name: ANDERSON, STEVE
Address: 39 HUDSON STREET
City-St-Zip: REDWOOD CITY, CA 94062

Title: MGR (X) Delete
Name: BEARD, ROBERT
Address: 2301 S. CAROLINA AVENUE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BEARD, ROBERT K
Address: 2111 W. SWANN AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33629

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 Chapter 119, 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: ROBERT K. BEARD MGR 01/10/2007

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