

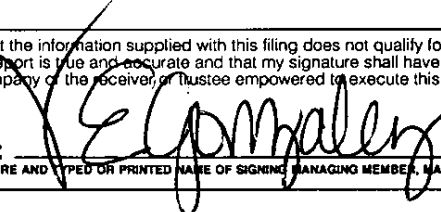


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90094 042 ****50.00

DOCUMENT # L04000014717 1. Entity Name ABC HOLDING COMPANY, LLC					
Principal Place of Business 5043 CORONADO PARKWAY NAPLES, FL 34116			Mailing Address 5248 MAPLE LANE NAPLES, FL 34113		
2. Principal Place of Business 5043 Coronado Parkway		3. Mailing Address 5248 Maple Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03302005 Chg-LLC CR2E083 (10/03)	
City & State NAPLES, FLA.		City & State NAPLES, FLA.		4. FFL Number 51-0500382	
Zip 34116		Country Collier		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OATES, MARC F P.A. C/O MARC F. OATES, ESQ. 10001 TAMiami TRAIL NORTH, SUITE 119 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ EFSTATHIA 5248 MAPLE LANE NAPLES, FL 34113	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPAYIANNIDIS, KATINA 6795 WEATHERBY COURT NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 of the receiver, or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			EFSTATHIA GONZALEZ		
SIGNATURE: 			Date _____ Daytime Phone # _____		