2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREFT 400RESS CITY ST VIP

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

Apr 06, 2007 8:00 am Secretary of State DOCUMENT # L04000024793 04-06-2007 90231 029 ***150.00 1. Entity Name AB & J. LLC Principal Place of Business Mailing Address 926 SAXON BLVD. 926 SAXON BLVD. ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 02132007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1029256 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOON, FLORENCE L DO NOT WRITE 1180 W. GRANADA BLVD, STE A ORMOND BEACH, FL 32174 IN THIS SPACE 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. ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printe DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE YOON, DAVID K NAME 926 SAXON BLVD STREET ADDRESS ORANGE CITY, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 firmited liability company of the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED