

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029375

FILED  
Jul 17, 2007  
Secretary of State

Entity Name: AMALGAMATED BUSINESS PRINCIPLES, LLC

**Current Principal Place of Business:**

318 INDIAN TRACE  
# 237  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

318 INDIAN TRACE  
#237  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 34-1989151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JOHN-PIERRE, ROBERT  
318 INDIAN TRACE  
#237  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

LEA, BRIAN C  
318 INDIAN TRACE  
#237  
WESTON, FL 33326 US

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: ABP LLC

07/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHN-PIERRE, ROBERT  
Address: PO BOX 670246  
City-St-Zip: CORAL SPRINGS, FL 33063

Title: MGRM ( ) Delete  
Name: ECHOLS, PAUL  
Address: 318 INDIAN TRACE #237  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: FORBES, DAMEN  
Address: 318 INDIAN TRACE #237  
City-St-Zip: WESTON, FL 33326

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: LEA, BRIAN C  
Address: 318 INDIAN TRACE #237  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN C LEA

MGRM

07/17/2007

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