## 2006 LIMITED LIABILITY COMPANY

## Jan 10, 2006 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # L04000037943** 01-10-2006 90041 046 \*\*\*\*50.00 ABIAKA GROUP (TOWER ROAD), LLC Principal Place of Business Mailing Address 1300 THOMASWOOD DR 1300 THOMASWOOD DR 40000666 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 01062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 70-1145742 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARDNER, CHARLES R DO NOT WRITE 1300 THOMASWOOD DR TALLAHASSEE, FL 32308 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE GARDNER, RICHARD J JR NAME STREET ADDRESS 1480 MARKET ST CITY-ST-ZIP TALLAHASSEE, FL 32312 MGR TITLE GARDNER, CHARLES R NAME STREET ADDRESS 1300 THOMASWOOD DR CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with the 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 hat 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 of truesce empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CHARLES R. GARDNES

01.09.2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED