2005 LIMITED LIABILITY COMPANY ANNUAL REPORT & ...

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L04000044325** 05 FEB 10 AM 11: 01 1. Entity Name A. B. ENTERPRISES LLC Principal Place of Business Mailing Address 627 ADAMS AVE. 627 ADAMS AVE. CAPE CANAVERAL, FL 32920 CAPE CANAVERAL, FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGER, ARTHUR W JR. Street Address (P.O. Box Number is Not Acceptable) 627 ADAMS AVE CAPE CANAVERAL, FL, FL 32920 Zip Code 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, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ■ Addition BERGER, ARTHUR W JR. NAME NAME 627 ADAMS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS <u> 5|05-- 01009-- 005-- #2500</u> CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE NAME NAME 800046722368 STREET ADDRESS STREET ADDRESS 02/17/05--01005--019 **30.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITEF TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IB 4IILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 or the receiver or trustee empowers to execute this eport as required by Chapter 608, Florida Statutes. 1-31-05 SIGNATURE AND TYPEO OR PHINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone