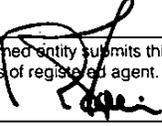
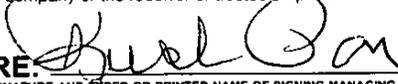


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90025 040 \*\*\*\*50.00

DOCUMENT # L04000047078			
1. Entity Name ABSOLUTE PROPERTIES OF FLORIDA, L.L.C.			
Principal Place of Business 362 GULF BREEZE PARKWAY, #111 GULF BREEZE, FL 32561		Mailing Address 362 GULF BREEZE PARKWAY, #111 GULF BREEZE, FL 32561	
2. Principal Place of Business 913 GULF BREEZE PARKWAY Suite, Apt. #, etc. SUITE 3 City & State GULF BREEZE, FL Zip 32561 Country USA		3. Mailing Address 362 GULF BREEZE PARKWAY Suite, Apt. #, etc. #111 City & State GULF BREEZE, FL Zip 32561 Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent CHASE, JAMES L 101 EAST GOVERNMENT STREET PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name ROBERT PABIAN Street Address (P.O. Box Number is Not Acceptable) 362 GULF BREEZE PARKWAY #111 City GULF BREEZE FL Zip Code 32561	
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  ROBERT PABIAN DATE 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PABIAN, KRISTINE E 362 GULF BREEZE PKWY #111 GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this 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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE  KRISTINE PABIAN		Date	Daytime Phone #
		4-24-06	850 932-3382