

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052969

**FILED**  
**Sep 12, 2007**  
**Secretary of State**

**Entity Name:** ALLABASTRO DESIGNS, LLC

**Current Principal Place of Business:**

2408 SW OAK RIDGE RD.  
PALM CITY, FL 349902034

**New Principal Place of Business:**

205 SE OSCEOLA STREET  
STUART, FL 34994

**Current Mailing Address:**

2408 SW OAK RIDGE RD.  
PALM CITY, FL 349902034

**New Mailing Address:**

205 SE OSCEOLA STREET  
STUART, FL 34994

**FEI Number:** 56-2471630      **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:**

ALLABASTRO, NANCY  
2408 SW OAK RIDGE RD.  
PALM CITY, FL 349902034 US

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

ALLABASTRO, NANCY  
2408 SW OAK RIDGE ROAD  
PALM CITY, FL 349902034 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: NANCY ALLABASTRO

09/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALLABASTRO, NANCY  
Address: 2408 SW OAK RIDGE RD.  
City-St-Zip: PALM CITY, FL 349902034

**ADDITIONS/CHANGES:**

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

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: NANCY ALLABASTRO

MGRM

09/12/2007

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