

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L04000053753

1. Entity Name

AABC, LLC



**FILED
Jun 20, 2005 8:00 am
Secretary of State**

06-20-2005 90164 050 ****50.00

Principal Place of Business	Mailing Address
8641 ESTATE DRIVE WEST PALM BEACH FL 33411	8641 ESTATE DRIVE WEST PALM BEACH FL 33411

2. Principal Place of Business	3. Mailing Address P.O. Box 250
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Boynton Beach, Fl.	
Zip	Zip 33425-0250	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AGIUS, TONY 126 CAROLINE DRIVE WEST PALM BEACH FL 33411		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGIUS, TONY		NAME	
STREET ADDRESS	126 CAROLINE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413		CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERKAMP, JOHN M		NAME	
STREET ADDRESS	8641 ESTATE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411		CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLMAN, WILLIAM		NAME	
STREET ADDRESS	4640 LOTUS WAY		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, MATTHEW D		NAME	
STREET ADDRESS	6173 PINE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

Walter McColl
SIGNATURE:

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

6/6/2005

561-732-2938

Date

Daytime Phone #



1st MOORE CR2E083 (10/04)