## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 06, 2005 8:00 am Secretary of State

DOCUMENT # L0400056810  1. Entity Name ABT-HASKELL REDLANDS, LLC								09-06-2005	90045 02	21 ****50	0.00	
Principal Place of Business Mailing Address								200677	3ብ			
111 RIVERSIDE AVE			111 RIVERSIDE AVE					200011	JU			
JACKSONVILLE, FL 32202			JACKSONVILLE, FL 32202									
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2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				09012005	Chg-LLC	CR2E0	83 (10/03)		
City & State			Other & Charles									
City & State			City & State				4. FEI Numbe	r			oplied For	
Zip Country		Zip Cou		utn.			<del></del>			ot Applicable		
2.10		Country	2.0	Cour	шу		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current R	egistered Agent	•••			7. Name and	Address of New R				
					7. Name and Address of New Registered Agent Name							
STONEBU	RNER BE	ERRY & SIMMONS, P.	A.									
		DRIVE STE. 1400	Street Addr			idress (F	(P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL	. 32207					<del></del>	••				
					City				FL	Zip Cod	le	
A The above named entity submits this statement for the gurpose of changing its registery						ennister.	ad agent, or bet	h in the State of Ele		logoiliae with		
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Fili	ing Fee is	в \$50.00						Mak	e check p	ayable to		
Fili Due b	ing Fee is y Septen	s \$50.00 nber 7, 2005								ayable to ent of Stat	0	
Due b	ing Fee is by Septen	nber 7, 2005						Florida	Departm	-	6	
9.	ing Fee is by Septen	s \$50.00 nber 7, 2005 MANAGING MEMBER	<u></u>	10.		<u> </u>	19.70	Florida ADDITIONS/	Departm	ent of State		
9.	ing Fee is by Septen	nber 7, 2005	S/MANAGERS	TETLE		mg	Rm mes L	Florida ADDITIONS/	Departm	-	Addition	
9. TITLE NAME	ing Fee Is	nber 7, 2005	<u></u>	TITLE	E ADDRESS	<u>mg</u> Jai	rem mes L. Riversa	Florida ADDITIONS/	Departm	ent of State		
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