

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

04-19-2005 90030 020 ****50.00

DOCUMENT # L04000057823																																																																																																																																			
1. Entity Name ABDO & BLAKE HOLDING COMPANY, LLC																																																																																																																																			
Principal Place of Business 223 8TH STREET WEST PALM BEACH, FL 33401			Mailing Address 223 8TH STREET WEST PALM BEACH, FL 33401																																																																																																																																
2. Principal Place of Business 200 Central Blvd. Suite, Apt. #, etc.		3. Mailing Address 200 Central Blvd. Suite, Apt. #, etc.																																																																																																																																	
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 20-1740161																																																																																																																															
Zip 33458		Country USA		Zip 33458																																																																																																																															
Country USA		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent ABDO-OMAR DR. 223 8TH STREET WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: ABDO, OMAR DR. Street Address (P.O. Box Number is Not Acceptable): 200 Central Blvd. City: Jupiter, FL Zip Code: 33458																																																																																																																																
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: <u>Omara Dr. Omar Abdo</u> DATE: <u>4/11/05</u> (NOTE: Registered Agent signature required when resigning)																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;">☒ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>ABDO, OMAR DR.</td> <td></td> <td>NAME</td> <td>ABDO, OMAR DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>223 8TH STREET</td> <td></td> <td>STREET ADDRESS</td> <td>200 Central Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33401</td> <td></td> <td>CITY-ST-ZIP</td> <td>Jupiter, FL 33458</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>BLAKE, ROY DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>200 CENTRAL BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33458</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR	☒ Delete	TITLE	MGR	☒ Change ☐ Addition	NAME	ABDO, OMAR DR.		NAME	ABDO, OMAR DR.		STREET ADDRESS	223 8TH STREET		STREET ADDRESS	200 Central Blvd.		CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	Jupiter, FL 33458		TITLE		☐ Delete	TITLE	MGR	☐ Change ☒ Addition	NAME			NAME	BLAKE, ROY DR.		STREET ADDRESS			STREET ADDRESS	200 CENTRAL BLVD		CITY-ST-ZIP			CITY-ST-ZIP	JUPITER, FL 33458		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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. SIGNATURE: <u>Omara Dr. Omar Abdo</u> DATE: <u>4/11/05</u> (561) 745-5550!																																																																																																																																			