2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0400066288 1. Entity Name ABUNDANT OUTLOOK, LLC						03-10-200	5 90037 012 ***	**50.00	
Principal Place of Business Mailing Address									
9110 PINTO DRIVE LAKE WORTH, FL 33467		9110 PINTO DRIVE Lake Worth, FL 33467		20019789					
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022005	Chg-LLC	CR2E083 (10/03)			
City & State		City & State		4. FEI Number		<u> </u>	pplied For		
Zip	Country	Zip	Coun	itry		of Status Desired	\$5.00 Add	litional	
	6Name and Address of Current	Registered Agent			7. Name and	Address of New Rec			
MODAS, DANIEL A				Name	Name				
1215 SE 2 AVE #202 FT. LAUDERDALE, FL 33316				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									
DATE									
Filing Fee is \$50.00 Due by May-1, 2005					* * * * * * * * * * * * * * * * * * * *		check payable to Department of State	i Wiesz	
9.	MANAGING MEMBE	RS/MANAGERS	10.	•		ADDITIONS/C	HANGES		
TITLE	MGR	☐ Delete	TITLE	E			☐ Change	☐ Addition	
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NAME STREET ADDRESS		For the same and t	NAM STRE	E ET ADORESS .			7 . *		
CITY-ST-ZIP				-ST-ZIP				to page	
11. I hereby	certify that the information supplied with	this filing does not qualify for	the exe	mption stated in Se	ction 119.07(3)(i)	, Florida Statutes. I fe	urther certify that the in	nformation	

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: Lyche drumd, Mil Julie Buonadonna 3465 04-642-824
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylotte Phone #