

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000085326

1. Entity Name
ABITAR, L.L.C.



Principal Place of Business
1751 MOUND ST
SARASOTA, FL 34236

Mailing Address
1751 MOUND ST
SARASOTA, FL 34236



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1946679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, THEODORE
2033 MAIN STREET, SUITE 100
SARASOTA, FL 34237

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IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKLIN, BRUCE E 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWN, ROBERT M 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAREZ, JAVIER 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUK, RALPH E 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LISTER, SHELLEY 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000713905
04/27/07-80002-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

4/11/07 (941) 955-5940

Date

Daytime Phone #