

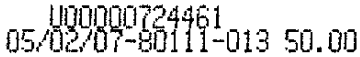


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000001741			
1. Entity Name A.B.B.A.A., LLC			
Principal Place of Business 3000 HIGHWAY 19A MOUNT DORA, FL 32757	Mailing Address 3000 HIGHWAY 19A MOUNT DORA, FL 32757		
DO NOT WRITE IN THIS SPACE			
			04162007 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE		4. FEI Number 20-2403343	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AULLS, ASHLEY M 211 SOUTH MAIN STREET BROOKSVILLE, FL 34601		DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AULLS, MORTON D 3000 HIGHWAY 19A MOUNT DORA, FL 32757		
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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: _____		4/17/2007 (352) 343-0770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	