2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006619

1. Entity Name

ABP/DELRAY, LLC

Principal Place of Business	Mailing Address
6827 WEST COMMERCIAL BLVD. TAMARAC, FL 33319	6827 WEST COMMERCIAL BLVD. TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE

03222007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-1961147	Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, MICHAEL B ESQ
7777 GLADES ROAD, STE. 110
BOCA RATON, FL 33434

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 _____

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	MGRM
NAME	SUBLIME, INC.
STREET ADDRESS	6827 WEST COMMERCIAL BLVD.
CITY-ST-ZIP	TAMARAC, FL 33319

TITLE	
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CITY-ST-ZIP	

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04/06/07-80007-024 50.00

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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: _____   3-26-07   (954) 721-9190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #