


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000056640
 1. Entity Name
ABBF BEACH CONDO, LLC



Principal Place of Business Mailing Address
 101 EAST KENNEDY BOULEVARD, SUITE 3700 101 EAST KENNEDY BOULEVARD, SUITE 3700
 TAMPA, FL 33602 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3025265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
 BORLAND, MARIE A
 101 EAST KENNEDY BOULEVARD, SUITE 3700
 TAMPA, FL 33602

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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)

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

000000720712
 05/02/07-80113-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORLAND, MARIE A 101 EAST KENNEDY BLVD SUITE 3700 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRCLOTH, WADE H 501 EAST KENNEDY BLVD SUITE 801 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Marie A. Borland* **4/19/07** (813) 254-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #