


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90136 033 \*\*\*\*50.00

<b>DOCUMENT # L05000058704</b>					
<b>1. Entity Name</b> AB & MG PROPERTIES, LLC					
<b>Principal Place of Business</b> 4141 ENCLAVE PLACE PORT CHARLOTTE, FL 33980			<b>Mailing Address</b> 4141 ENCLAVE PLACE PORT CHARLOTTE, FL 33980		
<b>2. Principal Place of Business</b> 7440 Riverside Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7440 Riverside Drive Suite, Apt. #, etc.			
<b>City &amp; State</b> Punta Gorda Florida		<b>City &amp; State</b> Punta Gorda Florida		<b>4. FEI Number</b> 20-4325241	
<b>Zip</b> 33982		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GUNDERSON, MIKO P ESQ 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088			<b>7. Name and Address of New Registered Agent</b> Name: <u>Miko P. Gunderson</u> Street Address (P.O. Box Number is Not Acceptable): <u>7440 Riverside Drive</u> City: <u>Punta Gorda</u> <b>FL</b> Zip Code: <u>33982</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>2-16-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: <u>MGR</u> NAME: <u>ANDREW BEHLING</u> STREET ADDRESS: <u>7440 Riverside Drive</u> CITY-ST-ZIP: <u>Punta Gorda FL 33982</u>	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>2-28-06</u>		Daytime Phone #: <u>941 743-2997</u>