


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000059026	
1. Entity Name ABBY NORMAL, LLC	

Principal Place of Business 3040 TUSKAWILLA ROAD SOUTH OVIEDO, FL 32765	Mailing Address 3040 TUSKAWILLA ROAD SOUTH OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2994250	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

**HAYES & ASSOCIATES, CPA, PA
 115 WEST GORE STREET
 OLANDO, FL 32806**

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 _____

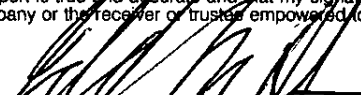
**Filing Fee is \$50.00
 Due by May 1, 2007**

U00000637351
 02/26/07-80055-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUSTY, TODD M 3040 TUSKAWILLA ROAD SOUTH OVIEDO, FL 32765
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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:  **Todd M. Husty** **2/13/07** **407-679-6794**

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