

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90045 026 \*\*\*\*50.00

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03092006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000079042</b> 1. Entity Name <b>AB8G, LLC</b>					
Principal Place of Business <b>8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461</b>			Mailing Address <b>8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461</b>		
2. Principal Place of Business <b>82 S. Barrett Square</b> Suite, Apt. #, etc. <b>Suite 2A</b>		3. Mailing Address <b>P.O. Box 611296</b> Suite, Apt. #, etc.		4. FEI Number <b>20-3301891</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State <b>Rosemary Beach, FL</b>		City & State <b>Rosemary Beach, FL</b>			
Zip <b>32461</b>		Zip <b>32461</b>			
Country <b>U.S.</b>		Country <b>U.S.</b>			
6. Name and Address of Current Registered Agent <b>ZEITLIN, BRAD 8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>82 S. Barrett Square</b> <b>Suite 2A</b> City <b>Rosemary Beach</b> <b>FL</b> Zip Code <b>32461</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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MOAIC CAPITAL PARTNERS II, LLC 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR New Orchard Group, LLC 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461</b> <input checked="" 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	
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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	
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>SIGNATURE:</b>			<b>Judd Jackson</b> <b>4/3/06</b> <b>850-231-0850</b> Date Daytime Phone #		